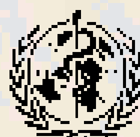
WHO-EM/STD/089/E

Strengthening health sector response to **HIV/AIDS** and **sexually** transmitted infections in the Eastern Mediterranean Region 2006–2010



World Health Organization
Regional Office for the Eastern Mediterranean

WHO-EM/STD/089/E

Strengthening health sector response to **HIV/AIDS** and **sexually** transmitted infections in the Eastern Mediterranean Region 2006–2010

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Regional Office for the Eastern Mediterranean
Cairo 2006

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WORLD HEALTH ORGANIZATION

منظمة الصحة العالمية

ORGANISATION MONDIALE DE LA SANTE

قــرار

RESOLUTION

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

EM/RC52/R.9

September 2005

Fifty-second Session

STRENGTHENING HEALTH SECTOR RESPONSE TO HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS IN THE WHO EASTERN MEDITERRANEAN REGION: REGIONAL STRATEGY 2006–2010

The Regional Committee,

Having reviewed the regional strategy for strengthening health sector response to HIV/AIDS and sexually transmitted infections in the Region[1];

Recalling its resolution EM/RC48/R.4 of 2001;

1. **ENDORSES** the regional strategy 2006–2010, its principles, goals and targets;

2. **CALLS** on Member States to implement the strategy and to incorporate HIV/AIDS and sexually transmitted infections control in the national health systems and existing national programmes, while considering country-specific social and epidemiological conditions and building on cultural and religious values that protect people from falling victim to such diseases, including the promotion of early marriage coupled with family planning, providing that such a marriage occurs after the boy or the girl reaches physical and mental maturity at the age of 18;

3. **REQUESTS** the Regional Director to:

   3.1 Provide the necessary technical support to implement the strategic plan at national, subregional and regional levels;

   3.2 Continue supporting a regional advisory committee to follow up on the promotion and sustaining of political commitment, public information and resource mobilization;

   3.3 Work on increasing support to countries in complex emergencies to enable them to implement the plan and on facilitating collaboration among neighbouring countries in the coordination of control activities.

[1] Document EM/RC52/13

Foreword

The HIV/AIDS epidemic is considered now the world's most serious public health threat. Since the early 1980s it has killed around 20 million people and by the end of 2005 an estimated 40 million people globally were living with HIV/AIDS.

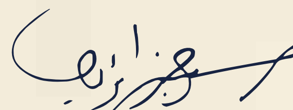
In response, the international community has reiterated the global commitment to curbing the epidemic, mitigating its negative impacts and prolonging and improving the quality of lives of people living with HIV/AIDS. This commitment is demonstrated by the setting of the HIV/AIDS Millennium Development Goal, the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the WHO/UNAIDS 3 by 5 Initiative. Moreover, the increasing availability of antiretroviral treatment (ART) has spurred the momentum and increased resources significantly.

In the Eastern Mediterranean Region, although generally the HIV/AIDS epidemic is characterized by a low prevalence pattern, the rate of infection has increased sharply, by more than 60% among adults and children in 2004 compared to 2003. The apparent "low prevalence" may also be masked by weak surveillance. In a few countries of the Region the HIV/AIDS epidemic is shifting to a generalized epidemic pattern; other countries are showing signs of concentrated epidemics.

In response, the Regional Office launched the regional 3 by 5 Initiative, wherein all low-income level countries committed themselves to promoting universal access to HIV/AIDS prevention, treatment, care and support including access to ART to those in need. The prerequisites to carry out these regional commitments include fighting HIV/AIDS/STI stigma and discrimination and creating an enabling environment, improving and scaling up the health system response, and monitoring and evaluation of both the HIV/AIDS situation and response.

The Regional Strategic Plan for 2002–2005 emphasized the need for political commitment in support of the regional adaptation of effective strategies to strengthen the health sector response. In this process the Regional Office, in line with the global international commitments and guidelines, consistent with the universal access initiative to HIV/AIDS prevention, treatment, care and support by 2010, and in consultation with regional consultants prepared this second regional strategic plan for the period 2006–2010. The regional strategy was endorsed by the national AIDS programme managers and by the Regional Committee for the Eastern Mediterranean at its 52nd session in 2005.

We at the Regional Office look forward to continuing collaboration with the Member States of the Region, both in adaptation of the regional HIV/AIDS strategy for 2006–2010 within the countries' context, and in strengthening the response of the heath sector to enable it to effectively carry out its crucial role in halting and reversing the HIV/AIDS epidemic in the Region.



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Regional Director for the Eastern Mediterranean

Acknowledgements

This strategy was developed in full consultation with the national AIDS programme managers in the Region during the 15th intercountry meeting of national AIDS programme managers, and with regional experts at the regional consultation on strengthening the health sector response to HIV/AIDS and sexually transmitted diseases in the countries of the Eastern Mediterranean Region, as well as with the members of the regional HIV/AIDS/STI task force at the Regional Office.

1. Introduction

Global situation

Globally, in 2004, about 3.1 million people died of AIDS and an estimated 39.4 million were living with HIV, including about 4.9 million who acquired the virus in that year. Sexual transmission is the predominant mode of transmission. However, in recent years, injecting drug use is driving the epidemic in the regions where acceleration of HIV transmission is highest. Moreover, women and girls are increasingly affected by the epidemic, due to the combination of biological vulnerability to sexually transmitted infections (STI), including HIV/AIDS, and to various social, cultural, economic, legal, and political factors putting them at higher risk of acquiring HIV than men. Young people (aged 15–24 years) represent half of all those newly infected during 2004.

In response to the HIV/AIDS epidemic, there have been significant and successful efforts globally to expand access to key prevention and care services. Funding has almost tripled (from US$ 2.1 billion in 2001 to an estimated US$ 6.1 billion in 2004). Globally, in 2003–2004 alone, the number of secondary school students receiving AIDS education nearly tripled, the annual number of voluntary counselling and testing clients doubled, and the number of women offered services to prevent mother-to-child transmission increased by 70%. By June 2005, the coverage of antiretroviral therapy in middle-income and low-income countries had increased from 400 000 receiving treatment in 2003 to 1 000 000. Efforts continue in order to expand treatment and care, including through the 3 by 5 Initiative.

Regional burden of HIV/AIDS and sexually transmitted infections

HIV/AIDS

By the end of 2004, the total number of people estimated to be living with HIV/AIDS in the Eastern Mediterranean Region had reached 710 500 (Table 1). The number of AIDS cases reported to the WHO Regional Office for the Eastern Mediterranean was 1252 in 2004. The estimated number of adults and children newly infected with HIV during 2004 was about 92 000, equivalent to a more than 60% increase compared to 2003, and the second highest proportional increase in the world. When comparing absolute numbers, new HIV infections in the Region during 2004 were more than in western Europe and north America together (21 000 and 44 000, respectively).

The main driving forces of the epidemic in the Region are heterosexual transmission and injecting drug use. With the exception of Sudan and Djibouti, where the epidemic is generalized (i.e. HIV prevalence consistently above 1% in pregnant women), and the Islamic Republic of Iran where the epidemic is concentrated among injecting drug users (IDUs), the Region is in a low level epidemic state (i.e. HIV prevalence consistently not exceeding 5% in any defined sub-population at high risk) [1]. However, some recent studies indicate the development towards

a generalized epidemic in Somalia (WHO, Somalia, unpublished data, 2004), and a concentrated epidemic among IDUs in Pakistan [2].

Although the prevalence of HIV in most countries of the Region is believed to be low in all sections of the population, reliable data to prove this assumption are lacking, as only a few countries collect and/or report such data. During 2002–2004, levels of HIV infection among tuberculosis patients were rising and reached on average 8.2% in Sudan, 3.3% in Yemen, 2.0% in Oman and 1.8% in Islamic Republic of Iran [3].

Among blood donors, HIV prevalence remained below 0.01% in most countries [3]. Higher levels are observed in Yemen (0.1–0.3%) and Sudan (0.8–1.8%) [3]. HIV prevalence among women attending antenatal care, which is used as a proxy measure for the prevalence in the general population of reproductive age, exceeded 1% in Sudan (WHO, Sudan, unpublished data, 2004), Djibouti [4] and several antenatal care sites in Somalia (WHO, Somalia, unpublished data, 2004). It fluctuated around 0.1% in Morocco and Iran and remained below 0.1% in Kuwait and Egypt [3].

Table 1. The burden of HIV/AIDS in the Eastern Mediterranean Region

Country	Estimated HIV prevalence in adult population (%)[a]	Estimated number of PLWHA[b]	Reported AIDS cases 2004[c]	Estimated number of people needing ART[d]	Reported treatment coverage of known cases in need of ART, July 2005[e]
Afghanistan	<0.1	<500	n/a	n/a	n/a
Bahrain	0.2	539[a]	5	<100	100%
Djibouti	2.9	8 985	500	1 400	40%
Egypt	<0.1	5 029	63	350	60%
Iran, Islamic	0.1	30 000	75	3 200	10%
Republic of Iraq	<0.1	<500[a]	n/a	<100	100%
Jordan	<0.1	602	6[f]	60	100%
Kuwait	n/a	2 000[a]	11	n/a	100%
Lebanon	0.1	2 195	24	250	100%
Libyan Arab Jamahiriya	0.3	7 000[a]	n/a	700	n/a
Morocco	0.1	17 000	55[f]	1 500	100%
Oman	<0.1	1 569	30	300	100%
Pakistan	0.1	70 780	55[f]	7 000	0%
Palestine	n/a	<500	2	50	100%
Qatar	n/a	600[a]	n/a	60	100%
Saudi Arabia	n/a	n/a	65	n/a	100%
Somalia	n/a	43 000[a]	n/a	6 450	<10%
Sudan	2.3	512 000[a]	543	77 000	<10%
Syrian Arab Republic	<0.1	1 084	18[f]	<100	100%
Tunisia	<0.1	941[a]	19[f]	224	100%
United Arab Emirates	n/a	n/a	n/a	n/a	100%
Yemen, Republic of	0.1	11 227[a]	45	1 200	0%

Source:
[a] *Report on the global AIDS epidemic 2004: 4th global report*, UNAIDS. Geneva, 2004.
[b] Country estimates reported to the Regional Office (2005); PLWHA: people living with HIV/AIDS
[c] Regional database on HIV/AIDS, WHO Regional Office for the Eastern Mediterranean
[d] 10–15% of estimated number of people living with HIV/AIDS
[e] Questionnaire survey of national AIDS programme managers in 2005. Reported number receiving triple ART therapy/reported number known to be in need; or other routes of reporting from National AIDS Programmes to EMRO
[f] At least data of one quarter is missing
n/a: information not available

At-risk and vulnerable populations[1]

In low level and concentrated HIV epidemics, the epidemic is heightened by the HIV transmission among populations with high-risk behaviour via so-called bridging populations into the general populations, depending on the extent and nature of social linkages and networks between these populations. However, current surveillance systems in the Region are inadequate to monitor behavioural trends and to ensure detection of HIV/STI outbreaks, particularly in at/risk and vulnerable populations, such as displaced populations in emergency or conflict situations, migrants, prostitutes, homosexuals and injecting drug users.

Some countries track HIV prevalence among selected vulnerable groups. This helped to detect an alarming rise in HIV among injecting drug users in the Islamic Republic of Iran and in Pakistan and to alert decision-makers to take immediate action. Similarly, surveying the HIV prevalence among women engaging in paid sex in Morocco facilitated the early implementation of a prevention programme targeted toward this group.

*Table 2. STI prevalence in different populations in countries of the Eastern Mediterranean Region**

Country	Year	Population	Population size	Syphilis (% +ve)	*N. gonorrhoeae* (% +ve)	*C. trachomatis* (% +ve)	*T. vaginalis* (% +ve)
Egypt, Cairo	2001	FSW[a]	52	5.8	7.7	7.7	19.2
		MSM[b]	80	7.5	8.8	8.8	1.3
		IDU[c]	150	1.3	2.7	2.7	0.7
		ANC[d]	607	0	2.0	1.3	0.7
Egypt, Alexandria	1999	Dermatology patients					
		male	54	5.6	14.8		0
		female	36		0		8.3
Yemen, Sanaa	2002	Outpatient clinic	68	1.5	10.3		29.9
	2003/04	Outpatient clinic, female	200	0	5		18.5
Pakistan	2002	ANC clinic	600	0.4	0	0	7.7
Pakistan	2004	FSW Lahore	404	16.4			
		FSW Karachi	423	6.7			
		IDUs Lahore	397	13.8			
		FSW Karachi	402	23.5			
		Truck drivers	400	6.9			
		Lahore	402	9.4			
		Truck drivers					
		Karachi					
Libyan Arab Jamahiriya	1991/2	STI patients					
		male	187	19	36		
		female	1562	40	4		
Jordan	2003	Obs/gyn patients	1248		0.7	1.2	12

* Prevalences of STI are not comparable between the studies, as laboratory techniques vary

[a] Female sex workers [b] Men having sex with men [c] Injecting drug users [d] Antenatal care attendees

[1] At-risk populations: People are said to be at risk of acquiring the HIV infection if what they are doing or what they might do if placed in a facilitating situation is associated with a high risk of HIV transmission.
Vulnerable populations: People are said to be in a state of vulnerability if their living conditions are prone to shifting factors which would place them at risk.

Where HIV/AIDS prevalence levels are still low, they can be maintained or even reduced by effective action that prevents the spread of HIV among population groups at highest risk. However, where HIV transmission is associated with culturally non-accepted behaviours (such as drug use, prostitution homosexuality), cultural and political sensitivities may make it relatively difficult to address prevention. To avoid an expansion of the HIV/AIDS epidemics within and beyond these population groups, pragmatic interventions that are sensitive to dominant cultural values are needed.

Sexually transmitted infections

The burden of STI is not well known in most countries of the Region. Available data suggest that trichomoniasis is the most common STI, followed by gonorrhoea and syphilis (Table 2).

Access to care, support and antiretroviral therapy for people living with HIV/AIDS in the Region

Currently in the Eastern Mediterranean Region an estimated total of 77 500 HIV-infected people, approximately three-quarters of them living in Sudan alone, are in need of antiretroviral therapy (ART). There is a huge shortfall in ART for HIV/AIDS in resource-poor countries of the Region leading to high death rates among people living with HIV/AIDS. The health infrastructure in these countries is weak and health services are struggling to cope with the growing needs for HIV testing, counselling and treatment.

Several countries in the Region are in complex emergency or post-conflict situations, which result in high population mobility and displacement, posing enormous challenges for the provision of even the most basic health services. The resource-rich countries in the Region are offering high quality ART free of charge. However, in some of these countries in particular, stigma and discrimination are a major obstacle to care-seeking.

The health sector response in the Region (2002–2005)

The regional strategic plan for improving the health sector response to HIV/AIDS and sexually transmitted diseases in the countries of the Eastern Mediterranean Region 2002–2005 declared five targets [5]: 1) political commitment; 2) generation of relevant information on the epidemic, 3) human resource development and capacity-building; 4) integration of comprehensive prevention and care packages in the health care delivery system; and 5) strategies for HIV/AIDS/STI in emergencies.

Commitment from political leaders to face the challenges posed by the HIV/AIDS epidemic is increasing in the Eastern Mediterranean Region. In 2004 more than US$ 23 million were committed from the national budgets of countries of the Region. A number of countries succeeded in mobilizing additional resources in support to their HIV/AIDS programme activities. Eight countries in the Region have had proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria (as by 4th round) approved

with a total budget of US$ 146 513 212. The World Bank supports projects in Djibouti, Pakistan and Somalia.

The lack of **HIV/AIDS surveillance** systems that are capable of determining the status and trends of the HIV/AIDS epidemic has been a major weakness of AIDS programmes in the Region. Existing surveillance systems rely almost exclusively on HIV/AIDS case reporting. Due to changes in the coverage of mandatory and voluntary HIV testing over time, case reporting does not produce reliable data on epidemic trends. Very few countries have adopted HIV/AIDS surveillance methodologies recommended by WHO/UNAIDS including biological and behavioural surveillance [6], which would help to fill the enormous gaps in knowledge about the distribution of risk and trends over time, required to effectively tailor interventions.

Universal screening of all donated blood is carried out in the majority of countries. However, in some of the countries with weak health system infrastructures blood is still transfused unscreened.

Voluntary counselling and HIV testing (VCT) services have been established in most countries, at least in one major city. Many national programmes intend to expand access to VCT as an entry point to HIV/AIDS treatment. However, the quality of existing services has not been assessed. Access to counselling and testing through antenatal and mother-child care services and short-course antiretroviral therapy (ART) to prevent mother-to-child transmission is particularly underdeveloped in the countries with the highest HIV caseload among pregnant women.

On World AIDS Day 2003, UNAIDS and WHO set the ambitious global target that by the end of 2005, 3 million people living with HIV/AIDS (PLWHA) should be receiving antiretroviral therapy (ART) [7]. Globally, the 3 by 5 Initiative has since then mobilized governments, nongovernmental organizations and other stakeholders to increase their efforts in fighting the deadly epidemic, with the ultimate goal of providing **universal access to ART and other HIV services**. In the Eastern Mediterranean Region some countries offer ART free of charge to all medically eligible HIV-infected people, while others have only recently initiated ART with the future aim of providing universal access. Following the launch of the Accelerating Access Initiative in 2000, by WHO, UNICEF, UNFPA, the World Bank and UNAIDS in partnership with pharmaceutical companies [8], several countries of the Region were supported in negotiating lower ARV prices. However, negotiated prices remained unaffordable to those countries with the highest burden of HIV/AIDS cases. Thus, in 2005, only 5% of those in need of ART could actually access it.

HIV/AIDS prevention and care services for vulnerable and hard-to-reach groups are still rare in the Region. The Islamic Republic of Iran, however, provides an impressive example for pioneering and rapidly scaling up integrated HIV/AIDS/STI prevention and care, harm reduction and drug dependency treatment through so-called “triangular clinics” [9]. These clinics have been established as self-standing structures and as services integrated in prison settings. In addition, syringe exchange programmes, outreach to drug users, methadone maintenance therapy and drop-in centres are being integrated in community and primary care. Those activities, while being led by the Ministry of Health and Medical Education, involve a wide scope of partnerships which include high-level and policy decision-makers, religious leaders, prison and law enforcement authorities, welfare organizations, nongovernmental organizations and others.

Tuberculosis is an important public health problem in the Region. **HIV/tuberculosis co-infection** poses

the threat of increasing the burden of tuberculosis. The Regional Office has published a strategy for collaborative interventions by tuberculosis and HIV/AIDS programmes [10].

Future challenges and opportunities

Progress has been remarkable wherever political leadership is strong and supportive of national AIDS programmes and where joint efforts of the public sector and civil society have been fostered. Demonstrated political commitment at the highest level and broad, correct and honest public information and the provision of ART to those in clinical need has proven to be most successful in enabling individuals and communities to protect themselves and in reducing fear and stigma towards those affected. The achievements gained through increased commitment in many countries of the Region must be sustained and stepped up to avoid much heavier human and financial costs through the HIV epidemic in the future. Civil society involvement, a main pillar of HIV/AIDS prevention, care and support in other Regions, is underdeveloped in the Region for various reasons, including stigma and discrimination associated with HIV/AIDS, a general lack of nongovernmental organizations and community-based groups and a lack of required competences and specific skills.

Stigma and discrimination against people at risk of infection and those who are living with HIV/AIDS is far from being overcome in the Region. Besides the fact that many of those infected with HIV are unaware of their HIV status, in addition, denial, discrimination and other negative attitudes continue to seriously impede access to HIV/AIDS prevention and care. Ultimately, the effectiveness of all efforts to expand access to HIV prevention, treatment and care will depend on the ability of people at risk and those living with HIV to overcome stigma associated with HIV and to access services that are confidential, non-judgemental, non-discriminatory and non-stigmatizing. In the absence of such services, the common practice of large-scale mandatory testing of various social and occupational groups accompanied by forced disclosure of HIV status to authorities, further reinforces fear and discrimination. Promoting the concept of voluntary testing and counselling and beneficial disclosure of HIV status is particularly difficult in this climate.

With the growing HIV epidemic, women's and young peoples' vulnerability in the Region is prone to increase, particularly in the light of taboos governing their sexuality. Thus, addressing prevention and care needs for women and young people through effective, acceptable, accessible and affordable health services is crucial.

In the majority of countries in the Region, especially in the countries worst affected by the HIV epidemic, the health infrastructure is weak and the health sector faces severe shortages of human and financial resources in relation to the growing needs for HIV/AIDS services and competing health programme priorities. In addition, within ministries of health, there is often a shortage in the number of qualified professional staff dedicated to HIV/AIDS/STI programmes. Strategies must be carefully developed to overcome these major health system constraints, both in order not to divert resources and efforts from other health priorities, and to contribute to enhanced delivery of health care services in general.

However, opportunities to effectively counter the epidemic and its impact are plenty. Countries of the Region can draw on a wealth of knowledge, experience and lessons learnt over 20 years of global effort in responding to HIV/AIDS. The cost of learning these lessons has been considerable in terms of individual suffering, societal impact and financial cost and it is imperative that people living in this Region do not have to repeat this experience. How successes in other cultural and societal contexts can be translated into effective interventions in the diverse societies within this Region needs to be documented and disseminated.

Moreover, there is a global determination to increase resources for prevention, to scale up life-saving antiretroviral treatment and to support research into prevention and treatment approaches through such initiatives as the Global Fund for AIDS, Tuberculosis and Malaria and the upcoming WHO/UNAIDS initiative for universal access to prevention, treatment and care.

2. The strategy for strengthening health sector response in the Region

Framework of the regional strategy

The regional strategy for strengthening health sector response to HIV/AIDS and sexually transmitted infections 2006–2010 builds on the previous regional strategic plan 2002–2005. In terms of globally agreed-upon sets of important goals, it takes into consideration the United Nations Millennium Development Goals, the Declaration of Commitment on HIV/AIDS, issued at the United Nations General Assembly Special Session (UNGASS) on 27 June 2001, the WHO global health-sector strategy for HIV/AIDS 2003–2007 [11], the WHO strategy for scaling up access to antiretroviral therapy (the 3 by 5 Initiative) [7], the WHO Interim Policy on Collaborative Tuberculosis/HIV Activities [12].

Guiding principles for the health sector response

The complexity of the factors affecting the HIV/AIDS epidemic and its consequences for countries require a comprehensive multisectoral response. Being an integral part of this multisectoral response the health sector collaborates with other public and private sectors such as education, legislation, defences, religious affairs, poverty alleviation, private companies etc. The health sector defines its role within one national strategic plan, one coordinating body and one monitoring and evaluation system according to the "Three Ones" principle [13]. Health ministries have a leadership and coordinating role with regard to all actors involved in the health sector response.

The guiding principles for the health sector response to HIV/AIDS in the Region are as follows.

- **Ensuring that national policies are in line with ethical standards, human rights norms and protective cultural and religious values, in particular respecting the principles of non-discrimination and equity in access to prevention and care services, and the individuals' right to know their HIV status.**

  Denial, stigma and discrimination have discouraged people from seeking HIV testing and counselling and have seriously impeded HIV/AIDS prevention and care programmes. Applying strategies that counter stigma and discrimination against individuals at high risk of HIV and against People living with HIV/AIDS are therefore beneficial for the success of prevention, health promotion, and treatment and care efforts. The potential of religion is considerable in this respect. Religious leaders in the Eastern Mediterranean Region have concluded that, regardless of the mode of infection, the integrity of patients and affected persons should never be infringed, compromised or violated [14]. Policies should especially acknowledge the right of individuals to know their HIV status as well as the principle of informed consent and confidentiality in medical care and research.

- **Developing policies and interventions based on objective information and available evidence while promoting learning, innovation and the sharing of scientific knowledge and practical experiences.**

WHO promotes an evidence-based approach to public health. One of the two strategic elements of the 3 by 5 strategy—the rapid identification and re-application of new knowledge and successes—calls for continuous learning by doing, with ongoing evaluation and analysis of programme performance and a focused operational research agenda. As prevention and treatment programmes are scaled up, it is critical to derive data about what works, and what does not work and why, and to share this knowledge with others in the Region and beyond.

- **Promoting protective religious and cultural values and practices**

  Religious and cultural values in the Eastern Mediterranean Region promote behaviour that is protective against HIV transmission, such as sexual abstinence before and outside marriage. A mutually faithful relationship of mature partners in marriage is a key value of the cultures of the Region. It is recognized that there is a difference between marriage prior to reaching physical and psycho-social maturity, or what is called *Al-baa* in Islamic jurisprudence, and early marriage, where premature marriage may in particular put girls and young women at increased risk of HIV. Early (at the age of 18 or above), mature marriage will be protective, where both partners are HIV uninfected, non-risk taking and absolutely faithful. Moreover, the Islamic code of abstaining from alcohol or drug consumption may indirectly protect against HIV, as high-risk sexual behaviour is often associated with alcohol or drug consumption. In the appropriate context, HIV prevention messages should consolidate the observance of this behaviour.

- **Commitment to the provision of the highest possible standard of prevention, treatment and health care for all people living with HIV/AIDS**

  Even in resource-constrained settings countries should set goals for delivering comprehensive prevention, treatment and care services within the health care system and extending into the community and homes. Treatment for opportunistic infections, palliative care, provision of ART, counselling and psycho-social support services, condom promotion and positive prevention all constitute essential components of integrated prevention, treatment care and support for HIV/AIDS patients.

- **Linking or integrating prevention and care programmes and services**

  Interventions and services should address the broad range of needs of people at risk and People living with HIV/AIDS through a continuum of services including prevention, treatment, care and psycho-social support. The systematic identification of opportunities to link prevention and care services and the institutionalization of such links will result in increased and sustained access for people in need.

- **Integrating HIV and STI interventions with other health programmes**

  As there is an immense potential for synergism, HIV/STI interventions should be an element in relevant health programmes. A holistic way of service delivery, in particular within the framework of services for other communicable diseases (such as tuberculosis), drug dependency treatment and reproductive health services can result in mutual reinforcement of the individual programmes.

- **Ensuring that scaling-up HIV prevention, treatment and care does not divert resources and efforts from other health priorities but rather contributes to their enhanced delivery**

  Functioning health systems are fundamental to equitable and sustainable delivery of a continuum of HIV/AIDS prevention, treatment care and support as well as effective health care delivery in general. HIV/AIDS programmes should therefore contribute to the overall development of health system infrastructure and capacity through strengthening human resource planning and management, drug procurement and supply management, financing mechanisms, health facility planning, patient tracking, and community and private sector involvement.

- **Building and strengthening partnerships with all relevant stakeholders in the public sector and civil society**

  Partnerships between health institutions / professionals, civil society groups and local communities are essential for strong national responses. In particular people living with HIV/AIDS have an important role in educating communities, in advocacy, reducing stigma, motivating persons to come forward for testing and treatment and in providing peer support and promoting treatment adherence.

Goal, targets and strategic actions

Goal

To reduce the transmission of, vulnerability to and impact of HIV/AIDS and sexually transmitted infections in the Eastern Mediterranean Region through a comprehensive, effective and sustainable health-sector response to the epidemic.

Targets

1. By 2007 all countries will have shown political commitment, mobilized resources and developed or updated strategies for scaling up prevention, treatment and care through the health sector.
2. By 2010 all countries will have established surveillance and monitoring and evaluation systems that generate reliable information on the distribution and trends of HIV/AIDS/STI and vulnerability in the population, as well as the coverage and quality of services.
3. By 2008 all countries will have put into action a plan to build the necessary infra-structural and human capacity to enable implementation of the health sector response.
4. By 2010 all countries will have expanded access to HIV/AIDS/STI prevention, care and treatment services.
5. By 2010 all countries will have developed and implemented strategies to ensure access to HIV/AIDS/STI prevention, care and treatment for high-risk populations that are hard-to-reach by existing public health services.
6. By 2007 countries will have integrated HIV/AIDS/STI prevention, treatment and care in their national emergency responses and international assistance programmes.

Target 1. By 2007 all countries of the Region will have shown political commitment, mobilized resources and developed or updated strategies for scaling up prevention, treatment and care through the health sector.

Strategic actions

- Issue national policy statement by highest state authorities declaring commitment to the HIV/AIDS response.
- Formulate clear national policies that respect ethical standards and human rights norms consistent with religious beliefs and cultural norms and ensure rights of all people at risk of HIV and those living with HIV/AIDS to prevention, treatment, care and support services and social protection.
- Make national AIDS programmes priority programmes/departments within ministries of health equivalent to other major disease control programmes, and ensure appropriate human and financial resources and administrative visibility.
- Develop or review and update health sector strategies for HIV/AIDS prevention, care and treatment based on epidemic situation and national response analysis.

  The approach to strategic planning should be participatory and transparent, involving all stakeholders in the public and private sectors and in civil society, in particular people living with HIV/AIDS.
- Take a health sector-wide approach to planning, implementation and monitoring and evaluation of the health sector response, including all relevant preventive and curative health programmes.
- Develop medium-term and long-term financing mechanisms and plans based on situational analysis and mobilize additional financial resources for commodities, supplies and medicines.
- Build and reinforce international partnerships (with governments of other countries and international organizations/institutions) to secure financial resources and technical support to national AIDS programmes.
- Ensure that the national essential drug list is updated to include both first-line and second-line ART (thus showing commitment to providing the highest possible standard of HIV/AIDS care).

Target 2. By 2010 all countries will have established surveillance and monitoring and evaluation systems that generate reliable information on the distribution and trends of HIV/AIDS/STI and vulnerability in the population, as well as coverage with services.

Strategic actions

- Revise and update current surveillance methodologies and national plans to generate representative and analytical data on the distribution of HIV/AIDS and STI and their determinants in low-risk and high-risk populations.

  Epidemiological and behavioural data on low-risk and high-risk populations are required for developing and monitoring strategic plans and their impact. In concentrated epidemics surveillance systems should monitor infection in at-risk and vulnerable populations and pay particular attention to behavioural links between members of these populations and the general population (second generation HIV/AIDS surveillance). Surveillance should include monitoring of HIV drug resistance and susceptibility of STI pathogens to antibiotics.

- Develop monitoring and evaluation plans covering all elements of health sector response.

  National monitoring and evaluation plans for the health sector response are part of monitoring and evaluation plans for national multi-sectoral response and should be linked to international goals and their indicators. Monitoring systems should provide information on the coverage and quality of services and their cost. In order to allow for the assessment of equity in access to services, where possible, data should be disaggregated by gender, geographical factors, age and vulnerable groups (e.g. injecting drug users, migrants).

- Identify and prioritize operational research needs and secure adequate funding.

  Operational research is key to an evidence-based approach to public health and provides essential information to improve programme design. New knowledge should be fed back to programmes.

- Establish national ethical standards of practice in health services, in medical research and in surveillance in the field of HIV/AIDS and STI, in line with international norms, and develop guidance for their implementation.

  Strengthen and build national capacity in ethical review of research proposals through (national) research ethics committees in order to make sure that the rights and the welfare of participants in clinical studies are protected and the benefits of research are distributed fairly.

- Document and disseminate information, experience and best practices and foster information-sharing at local, national and regional levels.

Target 3. By 2008 all countries will have put into action a plan to build the necessary infra-structural and human capacity to enable implementation of the health sector response.

Strategic actions

- Define packages of essential public health interventions and health services for prevention, treatment and care for all levels of health care delivery (see Box 1)
- Update terms of reference of health services at all levels to include the delivery of the package.
- Define core competencies of health workers providing HIV/AIDS/STI prevention, treatment and care services.
- Define standards for the quality of laboratory, clinical and psychosocial services and ensure their implementation (e.g. through accreditation systems).
- Carry out systematic assessment of available human resources, structural and technical capacity of health care services and identify gaps and needs (see Box 2), including services delivered by nongovernmental and community-based organizations.

  Assessment should start with a stakeholder analysis of all public, private and nongovernmental organization sector entities that are involved in the HIV/AIDS/STI health sector response.

- Based on systematic needs assessment, develop national plans for human resource development, technical capacity-building and for structural upgrading of health care services.

  Human resource development strategies should take the distribution of the HIV/AIDS/STI burden in the

Box 1. Basic components of a comprehensive prevention, treatment and care package through the health sector

1. Information and education (of health personnel and clients of services)
2. Behaviour change communication and condom promotion for individuals identified to be vulnerable and/or at-risk
3. Prevention of HIV transmission though the health sector (blood safety, infection control) including post-exposure prophylaxis for health care personnel
4. Prevention of mother-to-child transmission and antiretroviral therapy for eligible HIV-infected women and their children
5. Voluntary and confidential HIV counselling and testing services
6. Highest possible standard of health care for all people living with HIV/AIDS including antiretroviral therapy and treatment of common opportunistic infections
7. Uninterrupted supply of HIV diagnostics, medicines and other essential commodities
8. Co-trimoxazole prophylaxis and preventive therapy of tuberculosis among eligible HIV infected people
9. STI case management at point of first contact
10. Targeted interventions to provide access to prevention and care for at-risk and vulnerable populations
11. Harm reduction services for injecting drug users, including needle and syringe exchange, and management of injecting drug users
12. Psychosocial support to people living with HIV/AIDS and their families and treatment adherence support

Box 2. Components of health systems to be included in assessment of infrastructure and human resource capacity and gaps in the health system

- National HIV/AIDS programme and related programme (e.g. tuberculosis) management units
- Health services infrastructure for delivery of HIV/AIDS/STI service package
- Human resources (number and types of health workers available)
- Knowledge, attitudes and skills of health care workers
- Training programmes and curricula for medical personnel
- Procurement and supplies systems for diagnostics and medicines
- Supervision, monitoring and evaluations systems
- Mechanisms to ensure ethical standards of interventions and services

country into account and ensure sustainability through prevention of high turnover of trained staff.

- Technical capacity-building:

– Develop methods for accreditation of training centres

– Develop/adapt training tools and methods

– Develop and facilitate in-service training for service providers from public, private and nongovernmental organizations sectors

– Integrate knowledge on HIV/AIDS and STI public health interventions and case management into medical and paramedical curricula and continuing education.

- Upgrade health infrastructure to ensure accessibility, safety of procedures, privacy, confidentiality and highest possible technical standards of laboratory, clinical and psycho-social services.
- Develop annual performance plans and carry our periodic performance assessment at all levels of health service delivery.

- Strengthen existing drug regulatory and procurement/supply systems to ensure uninterrupted supply of commodities and quality STI and HIV-related medicines and diagnostics, including those needed for the treatment of opportunistic infection, at lowest possible prices.

Target 4. By 2010 all countries will have expanded access to HIV/AIDS/STI prevention, care and treatment services.

Strategic actions

- Develop comprehensive health sector plans for scaling-up access to integrated prevention, treatment and care services to ensure a continuum of prevention, treatment, care and support.
- Develop/update technical guidelines for all relevant HIV/AIDS and STI prevention, treatment and care services according to internationally recommended practices.
- Identify and strengthen existing entry points to antiretroviral treatment (see Box 3 for examples of entry points to antiretroviral treatment).
- Ensure accessibility and availability of HIV/AIDS and STI prevention and care services through integration, such as in primary health care, particularly in programmes of family planning, maternal, child and adolescent health, tuberculosis, blood safety, drug dependency treatment programmes and STI care.

  The appropriateness and cost-effectiveness of integration into primary care systems will depend on the local HIV/STI epidemiology and the health system structure.

- Establish mechanisms to ensure adherence to antiretroviral treatment.

  Develop technical guidelines, information and training material on treatment adherence support for care providers, community members and peers who function as treatment monitors and people on ART.

- Promote the participation of people living with HIV/AIDS and their families in the expansion of services.

  The involvement of those infected and affected will help reduce stigma and discrimination, motivating people to come forward to seek testing and counselling and treatment services. For this purpose nongovernmental organizations and support groups for people living with HIV/AIDS need to be strengthened.

- Promote the concept of knowing one's HIV status (supported by accessibility to voluntary testing and non-stigmatizing, non-discriminating counselling, care and support services).

  Informing the public that HIV is a chronic, but treatable illness encourages voluntary HIV testing and health care-seeking. HIV testing and counselling should be offered routinely in health care settings, such as antenatal, tuberculosis and STI care.

- Ensure coordination between HIV and tuberculosis programmes to expand comprehensive prevention, treatment and care for people co-infected or at risk of HIV and tuberculosis [10].

Box 3. Entry points for antiretroviral treatment

- Voluntary counselling and testing services
- Tuberculosis clinics
- Medical clinics
- Antenatal and mother and child health care services
- STI services
- Drug dependence treatment and harm reduction services

Target 5. By 2010 all countries will have developed and implemented strategies to ensure access to HIV/AIDS/STI prevention, care and treatment services for at-risk and vulnerable populations.

Strategic actions

In collaboration with other sectors, the health sector will:

- Assess the patterns of vulnerability and risk behaviours in the population and their determinants making use of appropriate epidemiological methods.

  Risk and protective behaviours should be assessed among at-risk and vulnerable populations including vulnerable youth (e.g. street kids), migrants, refugees, women and men engaging in paid sex, men engaging in homosexual relations and injecting drug users. Participatory approaches involving vulnerable populations themselves and rapid assessment methodologies have been shown to be useful research methodologies in this context.

- Revise policies and practices of health service delivery to eliminate stigma, discrimination, gender disparities and other barriers to access to HIV/AIDS/STI prevention, treatment and care.
  Laws and policies of health facilities, social pressure, financial barriers and negative attitudes of health personnel may make prevention and care services inaccessible to groups at high risk. Culturally appropriate ways to reduce vulnerability and facilitate access to services need to be developed and health personnel need to be educated accordingly.

- Ensure access to prevention and care for youth.

  Youth-friendly health services should provide a comprehensive array of services, including HIV/AIDS education relevant to young people's practices and counselling. Services must be affordable, conveniently located and confidential.

- Establish collaboration with law enforcement institutions to identify ways to safely interact with at-risk and marginalized groups to provide services.

- Support and collaborate with nongovernmental, faith-based and community-based organizations to reach vulnerable populations.

  Partnerships with civil society are the cornerstone of interventions, particularly those targeting vulnerable and at-risk groups. Faith-based organizations can be an asset in developing and disseminating health messages that can instil protective religious and cultural values, particularly in vulnerable young people.

- Establish and/or strengthen prevention and treatment services for people at high risk of HIV, including harm reduction services for injecting drug users.

  Advocate, facilitate and provide easy access to condoms and STI treatment for those at risk of sexual transmission, to safe injection equipment for injecting drug users and to services, such as detoxification and substitution therapies.

- Establish and/or strengthen counselling and testing services adapted to the needs of the vulnerable groups, and link them to community outreach programmes in order to ensure maximum accessibility to those services.

Target 6. By 2007 countries will have integrated HIV/AIDS/STI prevention, treatment and care in their national emergency preparedness and responses and international assistance programmes.

Strategic actions

Comprehensive guidelines for HIV/AIDS interventions in emergency settings have been developed by an Inter-Agency Standing Committee Task Force [15]. Below is a list of essential strategic actions based on these guidelines.

- Promote and facilitate the integration of HIV/AIDS and STI programme components in national health sector emergency preparedness and in international assistance plans.

  Integration of HIV prevention, care, treatment and support services must be ensured from the onset of manmade or natural emergencies (disasters, conflicts, etc), throughout the crisis and the resettlement, rehabilitation and reconstruction phases. For this purpose, emergency preparedness plans should account for comprehensive HIV/AIDS response.

- Ensure the coordination of comprehensive responses to HIV/AIDS/STI prevention, treatment and care needs of populations in manmade and/or natural emergencies, with the assistance of the humanitarian organizations, nongovernmental organizations, civil society, military, etc, at national and, when relevant, at regional level (Box 4 provides key elements for addressing HIV/AIDS in emergency preparedness and response).
- Ensure provision, access to and monitoring of HIV/AIDS/STI prevention, care and treatment services to victims of conflict and emergencies, including internally displaced persons and refugees, as well as peace-keeping forces and/or aid personnel.
- Apply a gender and equity conscious approach to the design of refugee relief programmes.

  HIV/AIDS prevention, treatment and care programmes need to take account of the risk of increased gender-related violence.

- Facilitate cross-border collaboration, regional approaches and coordinated mechanisms especially in conflict and post-conflict situations where migration of large numbers of displaced persons between countries increases vulnerability and the risk of HIV spread.
- Improve national and regional capacities to operationalize HIV/AIDS/STI related services for populations of humanitarian concern.

Box 4. Addressing HIV/AIDS in emergency preparedness and response

- Ensure integration of HIV/AIDS/STI prevention and care in emergency preparedness plans and in national emergency responses
- Ensure that all safety, protection and aid measures include people living with HIV/AIDS and their families as well as orphans
- Ensure access to basic health care, STI management and to ART (ART guidelines in emergency settings to be developed beforehand)
- Ensure safe delivery and prevention of mother-to-child transmission practices
- Ensure safe blood supply and infection control measures, including universal precautions
- Ensure availability of post-exposure prophylaxis for humanitarian workers and for victims of sexual assault
- Ensure appropriate care for injecting drug users
- Ensure availability and accessibility to prevention services and supplies for the most vulnerable
- Ensure availability and accessibility to HIV counselling services

3. Role and action of WHO

The goal of the programme on HIV/AIDS/STI of the WHO Regional Office for the Eastern Mediterranean is to reduce the transmission of, vulnerability to and impact of HIV/AIDS and STI in the Eastern Mediterranean Region through the health sector, as part of a comprehensive and sustainable multisectoral response to the epidemic.

The regional HIV/AIDS/STI programme works closely with national governments, civil society groups, international organizations and scientific and academic institutions. Within the United Nations system-wide effort to combat the HIV/AIDS epidemic the Regional Office is assuming a leadership role with regard to health sector-related policies, strategies and technologies.

The main objectives of Regional Office collaboration with the countries of the Region are to increase national political commitment and leadership in HIV/AIDS programmes in the health sector, to link these programmes to the main health and development plans of the countries, and to strengthen national capacity in programme implementation. The regional action will encourage the involvement of networks of people living with HIV/AIDS, civil society and the private sector. It will assist national AIDS programmes in mobilizing additional national and international financial resources. It will support the development of capacity in the health sector to strengthen and scale up all aspects of prevention, treatment and care.

Since 2000, WHO has supported countries of the Region in negotiations to reduce prices of antiretroviral medicines through the Accelerating Access Initiative. In 2003, WHO along with UNAIDS and other partners, declared the lack of access to antiretroviral therapy a global emergency and committed itself to the scaling up of antiretroviral therapy as an institutional priority. The Regional Office will continue to support countries in their efforts to provide equitable access to antiretroviral therapy for all people living with HIV/AIDS who need it.

Although wider access to ART will itself help to reduce stigma, within the health sector (and beyond) additional efforts are required to ensure uptake of testing and treatment, for example, by further mobilizing communities, improving the knowledge and attitudes of health care providers and undertaking broad-based communication initiatives as part of national scale-up plans. WHO, in collaboration with other United Nations agencies, will increasingly emphasize these approaches through policy guidance and education materials and initiatives to train health providers.

The UNGASS declaration describes HIV/AIDS prevention as the "mainstay of the response" and prevention remains central to WHO's programme. The focus of work is on the interventions for which the health sector is clearly responsible and that act to create synergy with treatment, care and support and strengthen the health sector response overall, such as HIV testing and counselling and preventing mother-to-child transmission of HIV and preventing HIV transmission within the health system. In addition, WHO efforts focus on targeting vulnerable populations for interventions and expanding the continuum of care for people living with HIV/AIDS to meet their prevention needs as well.

The Regional Office will continue to develop the necessary guidance and operational tools for the implementation of the health sector strategies. As preventive and curative interventions need to be adapted to the prevailing context, culture and religious beliefs, The Regional Office will support the development of approaches to scaling up treatment and prevention that take into account the epidemiological, cultural and economic context of countries and sub-regions (countries with similar conditions).

The implementation of the regional strategic plan will require partnerships with national and international institutions, agencies and organizations of the public and private sectors, including networks of people living with HIV/AIDS, to be strengthened and new partnerships to be created, at both the regional and country levels. Interregional networking between national AIDS programme managers will also be fostered. The Regional Office will facilitate information exchange and support the creation of sub-regional and interregional advocacy and technical networks. Within countries, the Regional Office will actively encourage all partners to participate in and make optimal use of the UNAIDS country mechanisms of coordination, outreach and resource mobilization.

Moreover, partnerships between various programmes within the health sector require close collaboration and coordination between the different programmes within the Regional Office and at country level. A collaborative action strategy has been developed between the AIDS and sexually transmitted diseases unit and the Stop tuberculosis unit, to be translated into country action. Similarly, joint planning and action will be developed with other programme areas such as women in health and development and reproductive health, mental health and substance abuse, essential drugs and biologicals, health systems development, laboratories, nursing and allied health personnel, emergency and humanitarian action, community-based initiatives, etc.

The main strategies and activities of the programme are as follows.

a) To promote political commitment, to mobilize resources and to strengthen collaboration with relevant partners within and outside the health sector and with civil society.

The Regional Office will:

- Maintain advocacy efforts targeted towards high-level decision makers through all possible channels, including the Regional Committee and other regional forums (Health Ministers' Council for Cooperation Council States, Council of Arab Health Ministers, international meetings, South Asian Association for Regional Cooperation, etc).
- Generate and distribute information for advocacy and produce yearly reports on the epidemiological situation in the Region and on the progress of health sector responses.
- Among UNAIDS co-sponsors, provide leadership in guiding and mobilizing health sector responses and coordinate with other sector's programmes in multisectoral activities, including those carried out by civil society.
- Support countries in developing national strategies and implementation plans, in accordance with the "3 Ones" principle.
- Support countries and regional initiatives in mobilizing financial resources.
- Support the coordination of donor inputs into the health sector.

- Facilitate exchange of knowledge between partners at country and regional level and support networking.

b) To promote WHO-recommended policies and to provide strategic and technical guidance.

The Regional Office will:

- Maintain and consult regularly with the Regional Advisory Group for HIV/AIDS and STD and NAP managers to overview and advise on regional strategy development and implementation.
- Promote the application of ethical norms in HIV/AIDS and STI prevention, treatment, care and research in countries.
- Develop and disseminate technical guidelines and operational tools on essential health sector interventions and services (including integrated management of adolescent and adult illness–IMAI).
- Foster the collaboration between programmes at service delivery level, such as tuberculosis, reproductive health, drug dependency, family planning, etc.

c) To support countries upon request to meet their technical and operational needs.

The Regional Office will:

- Support the strengthening of health systems for scaling up of essential interventions, including prevention, care and antiretroviral therapy, through technical support to physical infrastructure planning, upgrading of laboratory and clinical services, information technology and establishment of accreditation of health services.
- Support capacity-building of governmental institutions and nongovernmental organizations in the development and implementation of targeted interventions for vulnerable groups.
- Establish knowledge hubs and/or a functional networks of collaborating institutions and experts to support capacity-building in key programmatic areas.
- Support national training activities and fellowships, exchange visits, intercountry meetings, technical consultations and sub-regional training in specific issues, such as surveillance, managerial processes and programme planning, approaches to the provision of services to at-risk and vulnerable populations and comprehensive HIV/AIDS treatment and care, etc.
- Build capacities at the national level to enhance preparedness and response during manmade and/or natural emergencies, and at the regional level to ensure a pooled capacity for intercountry support when needed.
- Support countries to ensure an uninterrupted supply of high-quality and affordable medicines and diagnostics.

d) To strengthen the generation and dissemination of knowledge and strategic information on HIV/AIDS and STI.

The Regional Office will:

- Continue to promote and support the development of effective national surveillance systems and the systematic application of standardized surveillance techniques.
- Maintain a regional database to generate region-wide information on HIV/AIDS and STI epidemiology and expand data collection to monitor the implementation of the regional health

sector strategy. Compile this information in annual reports and feed it back to national AIDS programmes and share it globally.

- Continue to support operational research on the feasibility, appropriateness and effectiveness of interventions.
- Facilitate information sharing between regions and countries.

4. Programme area indicators for monitoring and evaluation of the health sector strategy

Monitoring and evaluation of the regional strategy for strengthening health sector response to HIV/AIDS and sexually transmitted infections is an essential component of the implementation of the strategy. The purpose of monitoring is to allow continuous tracking of the progress in scaling up the response and to identify gaps. This should result in better planning and allocation of resources both at regional and national levels. Evaluation is a tool for assessing the appropriateness and effectiveness of interventions, with the aim of strengthening areas of weakness and modifying strategies that do not yield success.

Indicators for the achievement of the objectives of the regional strategy by programme area are listed in Annex 1. As far as available, the indicators were selected based on indicators recommended for the monitoring and evaluation of HIV/AIDS/STI programmes by WHO and UNAIDS [16–20]. They are meant to facilitate the monitoring of the response at country and regional level and to enable the Regional Office to use the information generated for highlighting successes as well as persistent problems in the Region and to better mobilize and allocate resources to solve these problems.

The Regional Office acknowledges, however, the capacity-building needs in monitoring and evaluation of the countries, and will therefore support them to establish or strengthen their monitoring and evaluation systems. AIDS programmes will incorporate monitoring and evaluation activities and choose indicators according to their countries' priorities. The Regional Office will collect reports from national AIDS programmes and carry out annual questionnaire surveys based on those indicators in order to follow and report on the progress made region-wide.

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Annex 1. Indicators for the achievement of the objectives of the regional strategy by programme area

Programme area	Country level indicators	Regional indicators
Policy and strategic planning	National strategy for the health sector response to HIV/AIDS available as integral part of one multisectoral national strategic plan First and second line antiretroviral drugs included in the national essential drug list Country has policy to ensure access to prevention, treatment and care for at-risk and vulnerable populations National strategy includes measures to address inequalities in access to services related to age, gender, ethnicity, religion, and religiously and culturally non-accepted behaviours Country has a policy addressing the specific needs of youth in terms of reproductive and sexual health education needs and HIV/AIDS/STI prevention and care	Number of countries with up-to-date multisectoral national strategic plans that include the health sector response Number of countries with first line and second line antiretroviral drugs included in their national essential drug lists Number of countries with policies to ensure access to prevention, treatment and care for at-risk and vulnerable populations Number of countries with a national strategy that includes measures to address inequalities in access to services related to age, gender, ethnicity, religion, and religiously and culturally non-accepted behaviour Number of countries with a policy addressing the specific needs of youth in terms of reproductive and sexual health education needs and HIV/AIDS/STI prevention and care
Resource mobilization	National prevention, treatment and care scale up plans developed and resource needs identified Proportion of identified resource needs for the national health sector response covered by national budget and/or donor funding	Number of countries with national scale up plans including identification of resource needs Proportion of identified resource needs in the Region for the national health sector response covered by national budgets and/or donor funding
Involvement of people living with HIV/AIDS (PLWHA)	Organized group(s) of PLWHA are actively involved in the national strategic planning process Organized groups of PLWHA are supported (technically and/or financially) to contribute to the implementation of the health sector response	Number of countries reporting active involvement of PLWHA in the strategic planning process Number of countries reporting support to PLWHA to actively contribute to the implementation of the health sector response
Capacity-building	National capacity-building plans developed according to the human resources needs identified in the prevention, treatment and care scale up plans Knowledge and skills required for comprehensive HIV/AIDS prevention, treatment and care service delivery integrated in medical, paramedical and public health curricula	Number of countries with national capacity-building plans Number of countries in which knowledge and skills required for comprehensive HIV/AIDS prevention, treatment and care service delivery are integrated in medical, paramedical and public health curricula

Programme area	Country level indicators	Regional indicators
Blood safety	Proportion of blood units screened for HIV out of the total number of blood units transfused (target: 100%)	Number of countries reporting universal blood donor screening
	Number of annual new cases attributed to blood and blood product transfusion	Number of annual new cases attributed to blood and blood product transfusion in the Region
Prevention of mother-to-child transmission (PMTCT)	Number of ANC services offering (or effectively referring to) antiretroviral prophylaxis for prevention of mother-to-child transmission of HIV to HIV infected women out of total number of ANC services	Number of countries reporting an increasing (or 100%) coverage of ANC services offering (or effectively referring to) antiretroviral prophylaxis for PMTCT to HIV infected pregnant women
	Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT (target > 80%)	Number of countries in which > 80% of HIV infected pregnant women receive a complete course of antiretroviral prophylaxis to reduce the risk of MTCT
Vulnerable populations	Number of districts with at least one service point staffed and equipped to provide prevention and care for vulnerable groups out of total number of districts	Number of countries reporting annual increase in the number of districts with at least one service point staffed and equipped to provide prevention and care for vulnerable groups
	Number of districts with at least one harm reduction service providing needle exchange/distribution and/or drug substitution therapy, out of the total number of districts where IDU is prevalent	Number of countries reporting annual increase in the number of districts (where IDU is prevalent) with at least one harm reduction service providing needle exchange/distribution and/or drug substitution therapy
Voluntary counselling and testing	Number of districts that have at least one health care service that has the capacity and conditions to provide HIV counselling and testing out of total number of districts	Number of countries reporting annual increase in the number districts that have at least one health care service that has the capacity and conditions to provide HIV counselling and testing
HIV/AIDS treatment and care	Number of districts that have at least one health care service that has the capacity and conditions to provide HIV care and ART out of total number of districts	Number of countries reporting annual increase in the number and coverage of health care services that have the capacity and conditions to provide HIV/AIDS care and ART
	Percent attainment of national ARV treatment target	Number of countries attaining national treatment targets
	Percentage of PLWHA in need of ART who are receiving it out of total PLWHA in need of ART	Percentage of PLWHA in need of ART who are receiving it out of total PLWHA in need of ART
Procurement and supply management	National procurement and supply management plans for HIV/AIDS-related medicaments and diagnostics available	Number of countries with national procurement and supply management plans for HIV/AIDS-related medicaments and diagnostics

Programme area	Country level indicators	Regional indicators
STI case management	National STI case management guidelines including guidelines for STI treatment at primary care level available	Number of countries with STI case management guidelines including guidelines for STI treatment at primary care level
HIV/AIDS/STI prevention and care in emergency situations	Emergency preparedness plans have a component that ensures the continuity of HIV/AIDS activities and services In countries in emergency or post-conflict situation core elements of the comprehensive prevention, treatment and care package for PLWHA (see Box 4) are provided	Number of countries who have developed emergency preparedness plans ensuring the continuity of HIV/AIDS activities and services Number of countries in emergency or post-conflict situation providing core elements of the comprehensive prevention, treatment and care package for PLWHA
Surveillance	Reliable data on HIV prevalence among tuberculosis patients, blood donors and relevant high-risk populations available	Number of countries with reliable information on HIV prevalence among tuberculosis patients, blood donors and relevant high-risk populations available
Monitoring and evaluation	A set of priority process and impact indicators and their means of verification is developed in accordance with the national strategic plan Monitoring and evaluation of the health sector strategy is an integral part of a national monitoring and evaluation plan Annual progress report available including information on the achievement of programme objectives as measured through priority indicators	Number of countries with priority process and impact indicators and means of verification developed for the national strategic plan Monitoring and evaluation plan that includes monitoring and evaluation of the health sector strategy among other sector strategies Number of countries who have annual progress reports including information on the achievement of programme objectives as measured through priority indicators

For more informations
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