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HIV/AIDS STRATEGY IN THE AFRICAN REGION: A FRAMEWORK FOR THE IMPLEMENTATION

Regional Director's Report

EXECUTIVE SUMMARY

1. The Member States of the WHO African Region adopted the Regional HIV/AIDS strategy (resolution AFR/RC46/R2) during the forty-sixth session of the Regional Committee in 1996. The resolution reaffirmed the major role of the health sector in any national response to the HIV/AIDS epidemic. The objective of the Regional HIV/AIDS strategy is to contribute to the reduction of HIV/AIDS mortality and morbidity through a strong health sector response, within the context of multi-sectoral action in countries.

2. Since 1998, HIV/AIDS has become the leading cause of death in sub-Saharan Africa and the fourth worldwide. The epidemic is undermining the achievements of the past fifty years, including hard won increases in child survival and life expectancy. Health systems in the worst affected countries are overwhelmed and the capacity of health staff, families and communities to cope with the epidemic has been stretched to the limit.

3. The Regional Office has recognized the need to accelerate the implementation of the Regional HIV/AIDS strategy in order to enhance the contribution of the health sector to the reduction of HIV transmission and lessen its social and economic impact on individuals, communities and nations. This framework is intended to provide Member States with guidelines for accelerating the implementation of the Regional HIV/AIDS strategy. It provides guidance for strengthening the health sector component of the multi-sectoral national response to the HIV/AIDS epidemic.

4. The document focuses on sustained and cost-effective priority interventions within national health systems at all levels and suggests the establishment of a management framework for their implementation.

5. The Regional Committee is requested to consider and adopt the proposed framework to enhance the implementation of the HIV/AIDS strategy in the countries of the African Region.

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BACKGROUND AND JUSTIFICATION

1. The Member States of the WHO African Region adopted the *Regional HIV/AIDS strategy* (resolution AFR/RC46/R2) during the forty-sixth session of the Regional Committee in 1996. The resolution reaffirmed the major role of the health sector in any national response to the HIV/AIDS epidemic. The objective of the Regional HIV/AIDS strategy is to contribute to the reduction of HIV/AIDS mortality and morbidity through a strong health sector response, within the context of multi-sectoral action in countries.

2. The HIV/AIDS situation in the Region has continued to deteriorate to the extent that, in December 1999, it was necessary for the UN Security Council to discuss the pandemic as an important security and development problem. African Heads of State, through several resolutions and declarations of the Organization of African Unity (OAU), have recognized the urgency of the situation and the need for increased response. Since 1999, African countries, with the support of the international community, have been developing an International Partnership Against AIDS in Africa (IPAA), an initiative to mobilize increased resources and intensify action against HIV/AIDS on the continent.

3. The Regional Office has recognized the need to accelerate the implementation of the Regional HIV/AIDS strategy. The health sector component of the fight against HIV/AIDS needs to be strengthened within the context of a multi-sectoral national response. This *Framework* provides Member States with guidance on the acceleration of actions outlined in the *Strategy*, in order to strengthen the health sector response to the epidemic in the WHO African Region.

SITUATION ANALYSIS

4. Africa continues to be the region worst affected by the epidemic. Out of the worldwide total of 33.6 million adults and children living with HIV or AIDS at the end of 1999, Sub-Saharan Africa accounted for 70% (23.3 million), although it represents only 10% of the global population. By the end of 1998, 11.5 million adults and children had died of AIDS in the Region. In the most severely affected countries, life expectancy for a child born in 2000-2005 should drop to 43 years from the pre-AIDS expectation of 60 years [UNAIDS/WHO: "The AIDS Epidemic: December 1998" (December 1998); UNAIDS/WHO: "AIDS Epidemic Update: December 1999 (December 1999)].

5. Many African Governments have declared the HIV/AIDS epidemic a national disaster and recognized the urgency of accelerating the response. Medium-term plans for the prevention and control of HIV/AIDS are being implemented in most countries while several have developed multi-sectoral national strategic plans. AIDS surveillance systems have been established and countries report AIDS cases to WHO. Seventy per cent of countries have established HIV sentinel surveillance systems to monitor trends in seroprevalence.

6. HIV/AIDS clinical and nursing care is provided within health institutions and in the communities. Efforts to strengthen coordination between the HIV/AIDS and tuberculosis programmes are being initiated. The syndromic approach to the management of sexually transmitted infections (STIs) is used in 66% of the countries in the Region. Training of health care providers to improve the quality of care has been carried out. Fifteen countries have developed national policies and plans for the provision of safe blood for transfusion, although implementation has been slow.

7. Access to care and drugs is a key constraint in the response to HIV/AIDS in the African Region. Countries have not benefited from the increased survival rates and from the reduction in incidence associated with antiretroviral drugs in developed countries, because of their high cost. Drugs for the treatment of opportunistic infections and STIs are not always available despite their inclusion in the essential drug lists in some countries.

8. Research has shown that transmission from pregnant women to their children can be significantly reduced by treatment with antiretroviral drugs. Provision of this treatment, with accompanying community education and counselling of mothers, remains a major challenge in most countries. Access to voluntary testing, identified as an effective intervention for prevention, is yet to be improved.

9. Countries face many challenges in their attempts to respond to HIV/AIDS. The extremely rapid spread of the virus has outpaced programme interventions for prevention and care. Ministries of health have faced the challenge of developing the health sector response while advocating for and supporting the commitment of other sectors. They are yet to mainstream HIV/AIDS activities into health systems and to fully utilize the opportunities offered by health sector reforms. Data generated through existing surveillance systems could be better used for advocacy, targeting, planning, monitoring and evaluating the national response, the coordination of which still remains a major challenge in most countries in the Region.

REGIONAL HIV/AIDS STRATEGY

10. The *Regional HIV/AIDS Strategy* was adopted by the forty-sixth session of the Regional Committee through resolution AFR/RC46/R2. The major thrusts of the *Strategy* are:

(a) Advocacy and networking on HIV/AIDS/STIs in both the health and non-health sectors;

(b) Programme management with emphasis on integration, decentralization and coordination;

(c) Epidemiological surveillance of HIV/AIDS and STIs;

(d) Services for care and counselling;

(e) STI prevention and care;

(f) Blood safety;

(g) Promotion, in collaboration with other sectors, of the health of youth, women, workers and other vulnerable groups;

(h) Operational research.

IMPLEMENTATION FRAMEWORK

Guiding principles

Ownership by the countries of the implementation process

11. Advocacy for increased commitment and political leadership of governments in order to maintain HIV/AIDS high on their agendas is critical. Data on the HIV/AIDS situation and impact in countries should be used to develop advocacy packages for various audiences, with the aim of increasing resource allocation, leadership and action on HIV/AIDS. Advocacy should be carried out at community, national and international levels.

12. Countries will be encouraged and supported to develop and update national policies on key aspects of HIV/AIDS in order to provide country-driven enabling environment for programme activities. Policies should cover aspects such as multi-sectoral nature of the national response, roles of different sectors, protection of human rights and equity of access to resources and services.

Strengthening national capacities

13. Institutional, human and community capacities need to be strengthened to respond to the increasing demand for care and other interventions. Ministries of health should sustain HIV/AIDS programmes to lead the health sector response. Important technical aspects of HIV/AIDS interventions should be integrated into the pre-service training curricula of health professionals. Human resource development must take into consideration HIV-related illness and death of health workers, and countries should be supported to develop strategies for training, motivation, retention, replacement and support of health staff.

Promoting equity and solidarity in service delivery

14. Countries should be encouraged to improve access to health services, paying particular attention to the needs of vulnerable and disadvantaged groups. Solidarity mechanisms should be developed and the quality of services should be improved through the development of standards, the strengthening of the skills of providers and the improvement of systems for supervision. Mechanisms for obtaining users' views on the quality of care should be developed or strengthened.

Enhancing synergy and integration at operational level

15. Mechanisms for collaboration with private care providers should be established. They should be trained and updated on key technical areas of HIV prevention and care in order to ensure synergy at operational level. National programmes should develop norms, standards and guidelines and promote their use by private care providers. Traditional health providers can be mobilized through regular briefing and training sessions. Mechanisms for follow up of activities with all these key partners should be established.

16. National technical resource networks for the health sector component of the HIV/AIDS response should be put in place, using experts in different sectors. Inventories of experts can be developed to optimize the use of national resources and enhance access by national programmes to expertise when needed.

Developing partnerships among stakeholders

17. Strong and effective partnerships have to be developed at global, national, district and community levels in order to enhance coordination of programme activities, avoid duplication of efforts and maximize the use of resources. Coordination mechanisms should be established and the roles and responsibilities of partners should be clearly defined. At national level the UNAIDS mechanism should be the main vehicle of partnership in support of national strategic plans.

Priority and cost-effective interventions

18. The following priority interventions will be implemented, with focus on national capacity building and sustainability:

(a) Guidelines for the management of STIs will be adapted to country contexts and used in the development of drug treatment policies and protocols, training modules and monitoring tools. Early and appropriate STI health care-seeking behaviour will be encouraged, using formative research and communication strategies. Targeted prevention and care interventions with priority vulnerable groups will be promoted.

(b) The quality of clinical, nursing and psychological care in institutions will be supported through training, strengthening of systems for triage of patients, improvement of access to essential drugs for opportunistic infections, and establishment of a continuum of care between home, community and institutions. Appropriate guidelines developed for these elements will be adapted at country level. Partnerships with community organizations and groups for community-based care will be promoted, building on indigenous responses to increased care needs.

(c) Advocacy for commitment and support for the use of safe blood and promotion of the rational use of blood will be done to reduce the risk of HIV-contaminated blood transfusion. Training of policy-makers and operational staff will be expanded through the two sub-regional WHO collaborating centres on blood safety.

(d) Prevention of mother-to-child transmission of HIV, including provision of family planning services, improvement of access to VCT services, use of antiretroviral drugs and counselling on infant feeding will be promoted through training and communication interventions with health and other workers and communities. Negotiation with pharmaceutical companies for the reduction of the price of antiretroviral drugs will be strengthened.

(e) Voluntary counselling and testing will be encouraged as a key entry points to prevention and care. Health promotion with communities and young people, strengthening of the counselling skills of health workers, peer leaders, social workers and members of community-based associations will be carried out. Links to care including prophylaxis, treatment of opportunistic infections and prevention of mother-to-child transmission will be emphasized in communication messages.

(f) The development of health-enhancing behaviours by adolescents will be promoted, in collaboration with other sectors, through life skills development, training of health workers to provide youth-friendly health services and improvement of youth access to reproductive health services. Beneficiaries will include pre-adolescents and young people in and out of school.

19. These interventions should be integrated into the health services at all levels, and should take into account national contexts and socio-cultural specificities. The global effort to control HIV/AIDS in the African Region should support the national plans and interventions, with emphasis on cost-effective interventions.

Management framework

20. A management framework for the health component of the national HIV/AIDS response is proposed for adaptation by countries. The framework focuses on the integration of activities within health systems to optimize use of resources. It encourages the assumption of leadership for this priority programme at a level within the ministry of health that should facilitate rapid integration.

National level mechanisms

21. The national HIV/AIDS programme within the ministry of health should coordinate the planning and monitoring of activities within the health sector. Implementation of relevant components of the programme should be integrated into different departments of the ministry of health. HIV/AIDS surveillance should, for example, be part of the integrated disease surveillance system implemented by the epidemiology or disease control unit, while the reproductive health programme integrates STIs into its activities and services.

22. A management and coordination committee should be established within the ministry of health. This should comprise all key departments of the ministry with representation at the highest level, major nongovernmental organizations (NGOs) providing health services, umbrella bodies representing private practitioners, and professional bodies. The role of the committee should be to develop policies, oversee the formulation of strategies and plans, monitor progress and evaluate outcomes within the health sector. This committee must have strong links with the National AIDS Committee and the UNAIDS Theme Group and its working groups.

District level structures

23. The district should be the main implementation level of programmes. The district health management team should be represented in the multi-sectoral district HIV/AIDS committee which is chaired by the district governor or administrator in several countries. Sub-committees may involve district health staff, community representatives, NGOs providing services locally, etc.

Involving communities in the health response to HIV/AIDS

24. Mechanisms for consultation with communities and for participatory planning approaches should be used for the development of interventions at local level, using existing functional structures. Capacities should be strengthened through training using processes that encourage "learning by doing". Strategies for learning from and replicating indigenous community responses to HIV/AIDS should be emphasized.

25. Support should be provided to local NGOs and community-based organizations and their access to funding should be facilitated. Local and traditional leaders should be mobilized to support activities. The integration of HIV/AIDS into community activities for care should be encouraged. Communities, including persons infected and affected by HIV/AIDS, should be encouraged to participate in the design, implementation and evaluation of policies and activities.

Health information systems and research development

26. The development of infrastructure and capacity for surveillance of HIV/AIDS/STIs and tuberculosis should be promoted within the context of health information systems and integrated disease surveillance. Support should be provided for the strengthening of systems for AIDS case reporting, HIV sentinel and behavioural and STI surveillance. The data generated should be used to improve advocacy, target prevention and care interventions and monitor the outcomes. Operational research activities should be promoted, with special emphasis on testing new interventions and methods.

Resource mobilization

27. Resource mobilization from national and external sources for the health sector component of the national response should be integrated into the national development plan process. Programme needs for financial and human resources have to be incorporated into the plans and budgets of relevant ministry of health departments. Innovative methods of mobilizing resources from the private sector and communities should be pursued. Special funds may be created and national resources re-allocated to meet increasing needs for HIV/AIDS prevention and care. Mechanisms for resource disbursement should be established with a focus on rapid transfer to implementation levels and regular monitoring and accountability. Efforts should be made to ensure that the needs of marginalized groups are met.

Roles and responsibilities

Role of countries

28 Countries should provide leadership for the national response, reflecting their political commitment through the allocation of financial, human and other resources. They should ensure timely action including the development and implementation of plans at national and district levels and the dissemination of information on the status and impact of the epidemic.

29. The institutional mechanisms necessary for effective programme implementation should be established and activated at national, district and community levels. Regular monitoring to ensure that plans are implemented and adapted should be carried out.

30 Governments should ensure that a strong partnership, with clear national objectives and strategies, is built. They should coordinate the partnership and actions of national implementers and external partners. Particular attention may need to be paid to ensuring access to resources by non-governmental and community-based organizations.

Role of the World Health Organization

31. WHO will provide technical support to countries with focus on the health sector component of the response, while advocating for support and action from other sectors and partners. Support will be provided to countries in resource mobilization and in strengthening government capacity to coordinate external partners. Emphasis will be laid on strengthening health systems through, among other things, the adaptation of technical guidelines and protocols to the national context. Data collection and management will be supported, and evidence on cost-effective interventions gathered and disseminated.

32. The WHO country office will be the vehicle of technical support to the ministry of health and will support the expanded response through the United Nations Theme Group. At inter-country level, WHO will support networking and exchanges of experience and information between countries.

Role of other partners

33. Within the context of the International Partnership Against AIDS in Africa, other international partners will be expected to advocate for and commit more resources to the international and national response to HIV/AIDS. These partners will provide technical support in their areas of comparative advantage and be closely involved in the planning, implementation, monitoring and evaluation of programme activities in countries.

34 • Regional development institutions like the Organization of African Unity (OAU) and sub-regional political and economic groupings such as SADC and ECOWAS will be key partners in advocacy and resource mobilization. Their comparative advantage in convening forums for discussion with senior policy-makers in countries will be critical to the intensified response.

MONITORING AND EVALUATION

35. Monitoring of progress in the implementation of the regional strategy should be carried out through periodic reviews and reporting to the Regional Committee. Indicators for assessment of progress should be established at regional level, while countries will set their own targets based on their specific situations.

CONCLUSION

36. The scope and depth of the HIV/AIDS epidemic in the Region constitutes a major threat to human development and security in the countries. Sub-Saharan Africa is the worst affected region globally, with morbidity and mortality levels surpassing those due to conflicts, wars and other emergencies. The success of programme efforts depends on scaling up the implementation of proven interventions. These include the prevention and management of sexually transmitted infections; development of life skills and improvement of access to health services; voluntary counseling and testing for adolescents; screening of blood for transfusion; provision of effective care within a continuum from health institution to home. Long-term socio-economic interventions to reduce vulnerability, to be implemented as part of the multi-sectoral response, are also important. The involvement of political leaders and decision-makers at all levels and communities is critical.

37. The intensification of the Region's response to HIV/AIDS is the collective responsibility of governments, civil society, WHO and other international partners. The implementation of the *Regional Strategy* will significantly contribute to the reduction of HIV transmission and its social and economic impact on individuals, communities, development sectors and countries. The Regional Committee is therefore requested to approve this *Framework* to enhance the implementation of the *Regional HIV/AIDS Strategy*