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REGIONAL STRATEGIC PLAN FOR HIV/STI, 2006-2015
OF THE PAN AMERICAN HEALTH ORGANIZATION
FRAMEWORK

Background

The Regional Strategic Plan for HIV/AIDS/STI of the Pan American Health Organization, 2006-2015, stems from Directing Council Resolution CD45.R11 to scale up HIV/AIDS treatment and reinforce prevention activities. It also takes into account Directing Council Resolution CD45.R10 on access to medicines. The development of a Regional Plan was mandated by PAHO's Subcommittee on Planning and Programming in March 2005 and by the Executive Committee in June 2005.

Objective

PAHO's Regional Strategic Plan focuses on strengthening the health sector response to HIV/AIDS/STI in all countries of the Americas with the goal of providing universal access to comprehensive care, including prevention, care, and treatment. It provides strategies for improving services and programs, increasing synergy among partners, expanding technical cooperation among countries, and enhancing joint planning, programs, and monitoring. The Regional Strategic Plan will assist countries to achieve Millennium Development Goal 6 focusing on HIV/AIDS, as well as the targets included in the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and to expand upon the "3 by 5" Initiative of WHO/PAHO, which aimed to assure treatment with antiretroviral therapy (ART) for 3 million people worldwide by the end of 2005. The "3 by 5" Initiative provided the impetus for improved treatment access in the Americas, efforts which must now be continued and expanded.

Involved Parties

The development of the Regional Plan has been a participatory process, involving a wide range of PAHO programs and partners as well as Member States. A steering group was formed, comprised of people living with HIV, representatives from Ministries of Health, members of PAHO's Technical Advisory Committee on HIV/AIDS, and development partners. The HIV/AIDS Unit/Area of Family and Community Health led the process and convened working groups with representatives from other Units including: Communicable Diseases; Essential Medicines, Vaccines, and Health Technologies; Child and Adolescent Health; Gender, Ethnicity and Health; Technology and Health Services Delivery; Project Support; Human Resources Development; Immunizations; and External Relations and Partnerships.

Highlights of Country Responses

Following the steering group meeting in June 2005, HIV/AIDS focal points throughout the Region were asked to convene a meeting of national stakeholders to discuss the Regional Plan. A list of questions was provided to guide the discussion. Focal points met with representatives from Ministries of Health and National AIDS Programs, people living with HIV/AIDS, nongovernmental organizations (NGOs), and representatives from other U.N. agencies. The results of these discussions were used to define the lines of action, strategies, targets, and milestones included in the Plan.

Overall, the response to the proposed Plan was very positive. Countries noted that it could complement country efforts by supporting intersectoral planning, strengthening technical cooperation among countries, and facilitating the sharing of epidemiological data. Countries outlined specific roles for Ministries, PAHO, and others in the design and implementation of the Plan. Countries considered PAHO's comparative advantage in combating HIV/AIDS to include having a significant presence in countries, technical expertise, assisting with negotiations on key topics, and the mobilization of resources. Identified obstacles that could limit the Plan's implementation in countries included, among others, scarce resources assigned to HIV/AIDS, lack of involvement of sectors other than health, lack of qualified human resources, and lack of managerial capacity.

Summary of Contents

1. Preface/Introduction

An overview is provided describing the need for a long-term Regional Plan and the specific areas it addresses, the scope and aim of the Plan, those involved in its development, and its relationship to other regional initiatives. The Plan's guiding vision and mission as well as a description of the position of the Plan in regard to key policies are included in this section.

2. Situation Analysis

The situation analysis includes current data on incidence and prevalence by country, sub-region, and subgroup, as well as a description of vulnerable populations. Projections are provided based on estimated future trends. Also included is a discussion of progress in the Region as well as examples of key achievements from countries; the challenges in providing a comprehensive approach to HIV/AIDS prevention, care, and treatment; and the socioeconomic and political trends influencing the epidemic.

3. Overall Objective and Targets

Objective: By 2015, to halt and begin to reverse the spread of HIV/AIDS as well as STI in the Region by providing universal access to prevention, care, and treatment.

Target 1: By 2010, there will be a 50% reduction in the estimated number of new HIV infections followed by a further 50% cut in new HIV infections by the end of 2015.

Target 2: By 2010, there will be universal access to comprehensive care including prevention, care, and antiretroviral treatment.

Target 3: By 2015, incidence of mother-to-child transmission of HIV will be less than 5% and incidence of congenital syphilis will be less than 0.5 cases per 1,000 live births.

4. Critical lines of action, targets, and milestones

Prevention, care, and treatment, and surveillance are key components of an effective health sector response to HIV. While each requires a distinct strategy, programs at the national level must be interconnected and mutually supporting. In response to the needs identified by countries, five critical lines of action for countries that encompass these key components were identified. These lines of action are congruent with PAHO's five strategic orientations within the "3 by 5" initiative.

Each critical line of action is followed by targets to be achieved by 2015 or 2010 and milestones to mark progress along the way. Given that the levels of existing infrastructure, human resource capacity, and available funding differ among Member States, the intention is to provide a variety of strategies and targets from which countries can select those most appropriate for their contexts and individual needs. The critical lines of action are provided below, along with one example of a target and milestone:

4.1 Strengthening health sector leadership and stewardship and fostering the engagement of civil society

Strategies: Implementing national policies for universal access and financing mechanisms through a health sectorwide approach and the engagement of civil society; Advocating for universal access to comprehensive care and for appropriate supporting policies; Harmonization of health sector resources within the context of the national health sector and HIV/AIDS plans, as well as the Three Ones; Fostering intersectoral collaboration.

Sample Target: Throughout the period covered by this Plan (2006-2015), universal access to health services for HIV prevention, care, and treatment will be a priority in subregional political and public health fora.

Milestone: By 2010, advocacy efforts will be conducted to engage policy-makers from other key sectors such as education, national and religious leaders, and the private sector on actions they can take to improve prevention, care, and treatment for HIV/STI.

4.2 Designing and implementing effective, sustainable HIV/AIDS/STI programs, and building human resource capacity

Strategies: Strengthening the planning and management capabilities of the National AIDS Program; Implementing interventions for vulnerable groups; Improving quality assurance systems for HIV/AIDS comprehensive care services; Strategic management of human resources and capacity building; Scaling-up prevention and treatment of STI through the utilization of population-based screening programs and treatment, and the use of syndromic diagnosis and management at the level of health care centers.

Sample Target: By 2015, targeted interventions will have been implemented to reach vulnerable groups based on the local characteristics and trends of the epidemic.

Milestone: By 2012, national health authorities will have ascertained the health needs of migrant populations related to HIV/AIDS/STI as well as options to ensure their universal access to comprehensive care.

4.3 Strengthening, expanding, and reorienting health services

Strategies: Integrating the appropriate package of HIV care and treatment services at each level of care; Utilizing services as entry points for HIV prevention, care, and treatment; Ensuring services for vulnerable groups identified in the national health sector strategy; Participation of people with HIV and community-based organizations in the monitoring and provision of health care.

Sample Target: By 2015, HIV care will be available at each level of care as defined by the essential package of services, and with appropriate referral systems for secondary and tertiary care.

Milestone: By 2008, training will be provided to reduce stigma and discrimination, and to increase confidentiality for clients in health care settings at all levels.

4.4 Improving access to medicines, diagnostics, and other commodities

Strategies: Ensuring effective systems for the management and regulation of essential public health supplies; Strengthening capacity in quality control evaluation and rational use of medicines and other commodities; Establishing and strengthening national laboratories and regional networks.

Sample Target: By 2010, a regional mechanism will exist to ensure quality control of diagnostics, medicines, and commodities, and their rational use.

Milestone: By 2008, regional guidelines will be available and used for the development of national quality control measures and the rational use of medicines and other commodities.

4.5 Improving information and knowledge management, including surveillance, monitoring and evaluation, and dissemination

Strategies: Strengthening of HIV surveillance systems based on state of the art techniques; Development and strengthening of monitoring and evaluation systems in the health sector as part of the global efforts in monitoring and evaluation; Developing networks and partnerships to support a common HIV/STI surveillance, monitoring, and evaluation framework for the health sector; Building capacity for information, knowledge management, and dissemination.

Sample Target: By 2015, national capacity for monitoring and evaluation to assess prevention, care, and treatment progress will be built.

Milestone: By 2010, capacity to monitor treatment outcomes will be in place.

5. PAHO's Support to the Plan at the Regional Level¹

PAHO's technical cooperation to support the implementation of the Regional Plan will continue to focus on support to national and other health sector programs, with a special focus on their impact on the quality of life of people with HIV. Seven lines of action have been determined in consultation with stakeholders in countries and development partners. They are: (1) Technical support for the implementation of the Plan; (2) Facilitating technical cooperation among countries; (3) Advocacy; (4) Strengthening regional alliances and partnerships; (5) Intensifying direct support to countries; (6) Mainstreaming HIV/AIDS in PAHO; and (7) Costing and mobilizing resources.

PAHO will work with other organizations and agencies to define roles and responsibilities, in accordance with the recommendations of the Regional Directors Group of Co-UNAIDS Sponsors, the Global Task Team,² and the Three Ones. Monitoring and evaluation of the Regional Plan will be led by the HIV/AIDS Regional Program and will include the active participation of all stakeholders including PAHO's HIV/AIDS Technical Advisory Committee. Mechanisms for monitoring and evaluation will include country evaluations and subregional and regional meetings, such as those of the Technical Advisory Committee and external evaluation teams. Regional level targets and milestones are included in the Plan to foster accountability and define PAHO's commitments to the Plan.

¹ This section refers specifically to the activities and programming of the PAHO Secretariat.

² According to the Final Report of the Global Task Team, 14 June 2005. UNAIDS, Geneva.

Subsequent to Directing Council approval, PAHO will provide support for the implementation of the Regional Plan at the country level and harmonization of the Plan with existing National Health Sector/National AIDS Program Plans.

A costed operational plan for the 2006-2007 Biennial Program Budget will be included as an annex to the Regional Plan document.

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