



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



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DIVISION OF LABOR AMONG UN AGENCIES REGARDING THE RECOMMENDATIONS OF THE GLOBAL TASK TEAM FOR IMPROVING HIV/AIDS COORDINATION IN RESPONSE TO RESOLUTION WHA59.12

Background

1. In March 2005, the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT)¹ was formed as a result of a consultation among UN partners and other stakeholders. The objective of the GTT was to develop a set of recommendations to improve the institutional architecture of the response to HIV and AIDS, in line with the Three Ones principles for AIDS coordination. Convened by the Secretariat of the Joint United Nations Program on AIDS (UNAIDS), the GTT issued guidelines on streamlining the coordination among multilateral and international partners, including a division of labor for UN technical support. The ultimate aim was the acceleration of global action to achieve the “3 by 5” goal, the Millennium Development Goals and other related goals set at the 2001 UN General Assembly Special Session on HIV/AIDS. This will mean a significant improvement in the delivery of services for people in low- and middle-income countries.

2. The World Health Organization (WHO) was a key partner in the global discussions of the GTT, including cochairing, with Brazil, one of the three working groups. This working group focused on Harmonization of Technical Support. The GTT met again in June and issued a report dated 14 June 2005 on the division of labor among the UNAIDS cosponsors. Seventeen broad areas of UNAIDS technical support were identified and a lead organization and main partners assigned to each area. Each of the UNAIDS organizations leads in at least one area. The table entitled “Technical Support Areas” is attached (see Annex). While at the global level, considerable consultation

¹ The GTT is cochaired by WHO and consists of representatives from 24 countries and institutions, including governments, civil society, regional bodies, and multilateral institutions.

among the cosponsors took place, the WHO Regional Offices were minimally involved in the process.

3. WHO is the lead organization in prevention of HIV transmission in health care settings, blood safety, counseling and testing, STI diagnosis and treatment, and links between HIV prevention and AIDS treatment services. It also has the lead in antiretroviral treatment (ART) and in monitoring, prophylaxis and treatment of opportunistic infections (in adults and children), as well as in establishing and implementing surveillance for HIV, through sentinel/population-based surveys. WHO is a principal partner in the majority of other areas, including strategic planning, governance and financial management, monitoring and evaluation, strategic information, knowledge sharing, and accountability (see Annex).

4. In May 2006 during the Fifty-ninth World Health Assembly, the Member States adopted Resolution WHA59.12 Implementation by WHO of the Recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. This resolution endorses the recommendations of the GTT and requests the Director-General to:

- Implement those recommendations and report back every two years on their implementation.
- Provide technical cooperation to the countries, in conformity with the agreed-upon division of labor, focusing on those areas in which WHO has an advantage compared to other bodies, in particular strengthening of health systems and human resources for health in response to scaled-up interventions.

Issues

5. The division of labor among UN agencies is a positive step towards enhanced collaboration. In some areas PAHO is already collaborating with other UN organizations. In the prevention of mother-to-child transmission of HIV, for example, the GTT's recommendation for joint action by WHO and the United Nations Children's Fund (UNICEF) created the opportunity at the regional level for the two organizations to work together more closely. An agreement has been made with UNICEF to collaborate in a Prevention of Mother-to-Child Transmission Plus (PMTCT+) Initiative in Central America (which may be expanded to other subregions in the future), including not only treatment of the infant but also of the mother. STI and congenital syphilis detection and treatment are also included in this initiative. Letters signed by both organizations have been sent to the Heads of State of all Central American countries informing them about the initiative, and a first assessment has been completed in Guatemala.

6. Nonetheless, the application of the division of labor matrix at the global level presents certain challenges for the Region of the Americas. Due to the fact that insufficient time was provided to PAHO and the other Regions to fully analyze the proposal, the comparative advantages of the organizations at the regional level were not analyzed. Several of the technical areas that are key to the successful implementation of PAHO's Regional Plan were assigned to other UN agencies under the global division of labor. Key examples include:

- Procurement of ARV and other HIV commodities (the lead assigned to UNICEF)
- Prevention (assigned to UNAIDS)
- Some aspects of health services, such as reproductive health (assigned to the United Nations Population Fund (UNFPA)).

7. PAHO has received mandates and established important capacity in the above areas, including:

8. The Regional Revolving Fund for Strategic Health Supplies was established following discussions at the 42nd Directing Council in September 2000. Sixteen countries have now joined the Strategic Fund. As of March 2006, six of these countries were using the Strategic Fund for procurement of ARVs (Belize, Brazil, Guatemala, Haiti, Nicaragua, and Suriname) valued at US\$ 10 million (the first two countries did so with funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM). Technical support has been provided in 2005-2006 in 13 countries (Central American countries, Andean region, and Paraguay) to support procurement planning and strengthen national supply systems. In addition, five additional countries (Bolivia, Ecuador, El Salvador, Paraguay, and Venezuela) are currently considering procurement of HIV/AIDS commodities through the Strategic Fund, with Ecuador using GFATM funding. Furthermore, technical support through the Strategic Fund will be expanded to the Caribbean in the second semester of 2006.

9. PAHO is providing technical cooperation on preventive health services for vulnerable populations, including youth, men who have sex with men (MSM), injecting drug users, sex workers, and immigrant populations. PAHO recently released a manual for counseling youth on prevention of HIV and promotion of sexual and reproductive health. It is currently revising the WHO guidelines for HIV counseling and testing with a focus on youth and other vulnerable populations, including indigenous people, and adapting it to the Region of the Americas. Health personnel will be trained to implement the guidelines in line with their own realities. Specific training activities for MSM and commercial sex workers are also under way.

10. PAHO received a clear mandate from the Heads of State and Government at Mar del Plata (November 2005) to seek universal access to HIV prevention, treatment, and care. The Declaration states “We commit to fighting the stigma, misinformation, and discrimination against people living with HIV/AIDS in the workplace and favor their full access to employment with dignity. We propose to develop crosscutting strategies and cooperation mechanisms, principally within the framework of the World Health Organization (WHO) and the Pan American Health Organization (PAHO) to combat these diseases”

Action by the Executive Committee

11. The Executive Committee may wish to consider taking a decision along the following lines:

THE 139TH SESSION OF THE EXECUTIVE COMMITTEE

Having considered Document CE139/6 on the *Division of Labor among UN Agencies Regarding the Recommendations of the Global Task Team for Improving HIV/AIDS Coordination in Response to Resolution WHA59.12*),

DECIDES that the PAHO Secretariat should: (a) adapt of the division of labor matrix in coordination with regional UN partners, and (b) present to the 27th Pan American Sanitary Conference report on the outcome.

Annex

Technical support areas	Lead Organizations	Main Partners
1. STRATEGIC PLANNING, GOVERNANCE AND FINANCIAL-MANAGEMENT		
HIV/AIDS, development, governance and mainstreaming, including instruments such as PRSPs, and enabling legislation, human rights and gender	UNDP	ILO, UNAIDS Secretariat, UNESCO, UNICEF, WHO, World Bank, UNFPA, UNHCR
Support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work	World Bank	ILO, UNAIDS Secretariat, UNDP, UNESCO, UNICEF, WHO
Procurement and supply management, including training	UNICEF	UNDP, UNFPA, WHO, World Bank
HIV/AIDS workplace policy and programmes, private-sector mobilization	ILO	UNESCO, UNDP
2. SCALING UP INTERVENTIONS		
<i>Prevention</i>		
Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually-transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment services	WHO	UNICEF, UNFPA, ILO
Provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations)	UNFPA	ILO, UNAIDS Secretariat, UNESCO, UNICEF, UNODC, WHO
Prevention of mother-to-child transmission (PMTCT)	UNICEF, WHO	UNFPA, WFP
Prevention for young people in education institutions	UNESCO	ILO, UNFPA, UNICEF, WHO, WFP
Prevention of transmission of HIV among injecting drug users and in prisons	UNODC	UNDP, UNICEF, WHO, ILO
Overall policy, monitoring and coordination on prevention	UNAIDS Secretariat	All Cosponsors
<i>Treatment, care and support</i>		
Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)	WHO	UNICEF
Care and support for people living with HIV, orphans and vulnerable children, and affected households.	UNICEF	WFP, WHO, ILO
Dietary/nutrition support	WFP	UNESCO, UNICEF, WHO
<i>Addressing HIV in emergency, reconstruction and security settings</i>		
Strengthening HIV/AIDS response in context of security, uniformed services and humanitarian crises	UNAIDS Secretariat	UNHCR, UNICEF, WFP, WHO, UNFPA
Addressing HIV among displaced populations (refugees and IDPs)	UNHCR	UNESCO, UNFPA, UNICEF, WFP, WHO, UNDP
3. MONITORING AND EVALUATION, STRATEGIC INFORMATION, KNOWLEDGE SHARING AND ACCOUNTABILITY		
Strategic information, knowledge sharing and accountability, coordination of national efforts, partnership building, advocacy, and monitoring and evaluation, including estimation of national prevalence and projection of demographic impact	UNAIDS Secretariat	ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WFP, WHO, World Bank
Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys	WHO	UNAIDS Secretariat