WORLD HEALTH ORGANIZATION

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY A57/DIV/10
Agenda item 10 21 May 2004

Round tables

HIV/AIDS

Report by the Secretariat

1. This report summarizes the main issues raised in the four ministerial round-table discussions on HIV/AIDS that were held concurrently on 18 May 2004. Health ministers or their representatives analysed four key issues and indicated how the challenges posed by HIV infection and AIDS could be best tackled. Participants shared information on best practices, identified means of overcoming major constraints and obstacles to success, highlighted essential policy interventions and action strategies, examined the role of the health and other sectors in improving prevention, treatment and care, and made recommendations to WHO to take forward work in this area.

THE LEADERSHIP ROLE OF THE PUBLIC HEALTH SECTOR IN EXPANDING ACCESS TO HIV CARE AND TREATMENT IN COUNTRIES

2. Participants expressed their strong concern that, even though access to treatment is a human right, antiretroviral therapy is not yet accessible or affordable to millions of people living with HIV/AIDS whose lives are thus at stake. Poverty was established as the greatest threat to expanding HIV/AIDS treatment and care. Besides increases in national budgets and an urgent stepping up of development assistance, concrete measures must be taken to close the gap between rich and poor across the world.

3. Overall, participants gave full support to the "3 by 5" initiative, whose success will help to save millions of lives, enhance prevention and strengthen health systems – all of which are major steps towards achievement of the objectives set out in the declaration of commitment of the United Nations General Assembly special session on HIV/AIDS (New York, 2001) and the Millennium Development Goals. Treatment and care were accepted as core areas of work in WHO's mandate and responsibility.

4. Participants highlighted the importance of securing political commitment in order to ensure the setting of appropriate targets, equity in access to treatment and care, and resource allocation commensurate with the scale of the epidemic. They recognized that policy measures in each country respond to specific situations based on data and epidemiological and social patterns of disease.

5. The crucial roles of the public health sector and of health ministries in responding to challenges of HIV/AIDS prevention, treatment and care was emphasized. Building political commitment (in the executive and legislative branches of government) through advocacy was underlined as a priority.

6. Stigmatization and discrimination, violations of human rights and dignity, and gender inequities relating to HIV/AIDS were seen as serious obstacles that needed to be overcome by political action. It was reported that the availability of treatment could reduce stigmatization, and participants recommended greater monitoring of stigmatization, discrimination and human rights issues.

7. In general, participants encouraged WHO to continue to provide leadership in planning and guidance, in particular to ensure the availability and continuity of antiretroviral therapy, and give enhanced technical assistance. They also requested that, in order to support Member States in improving health systems, WHO should help to make plans that take into account the sustainability of their efforts and that try to foster better coordination among agencies at country level with the aim of reducing bureaucratic burdens faced by countries.

STRENGTHENING THE CAPACITY OF HEALTH SERVICES TO EXPAND DELIVERY OF HIV TREATMENT IN COUNTRIES

8. HIV infection results in chronic illness that requires life-long care. Availability of treatment gives hope to those living with HIV/AIDS and provides a major incentive for people to come forward for testing and to know their HIV status.

9. The participants recommended that a systemic approach be adopted to packaging prevention, testing and treatment as a comprehensive response in combating the epidemic. This approach should include integration of services for HIV/AIDS at entry points such as voluntary counselling and testing centres, antenatal care clinics, services for prevention of mother-to-child transmission of HIV, and sexually transmitted infections, tuberculosis and malaria services. Participants cautioned against there being a situation where patients are treated with antiretroviral therapy but die of malaria or cholera.

10. “Learning by doing” was underlined as a vital component in strengthening the capacity to deliver health services. Participants emphasized that future efforts should be based on national experiences and expertise and built into existing national systems. They stressed the involvement of community-based, non-medical health workers, because adherence to treatment regimens, follow-up treatment and an enabling environment for lifelong treatment depended on the level of awareness and support in communities.

11. Improved awareness of health workers, patients and the general public, through more and better communication with targeted audiences, was highlighted as key to the eventual overcoming of the burden of stigmatization and to improving efficiency of HIV/AIDS programmes in countries.

12. Building a stronger and sustainable health infrastructure was an essential consideration. Participants stated that, in order to expand HIV/AIDS treatment successfully, countries need to make tremendous efforts to improve their treatment, testing and diagnostics facilities, blood safety procedures, drug procurement and supply systems, communications networking, and working conditions and compensation for health personnel. They outlined several specific points that needed broad attention, such as: nutritional support as an integral part of expanding treatment; simple and widely available testing; gaps between urban and rural health systems; and broadening the overall response by including traditional healers, whom, in many countries, people often consulted first. Mobile clinics and multiple testing sites were also highlighted as a solution for reaching migrants and regions afflicted by conflict.

13. The continuing high cost of antiretroviral therapy in some countries where need for treatment may be outpacing the capacity of health systems to respond was a further issue for discussion. Recommendations include facilitating approval of fixed-dose combinations of generic medicines, and increasing capacity for local production of drugs and diagnostics to improve sustainability and expansion of access to antiretroviral therapy. Participants underlined that the goal of universal access to such therapy depends on ensuring that antiretroviral drugs are affordable, and recommended that WHO should specifically provide support to countries in the areas of drug supply, procurement and quality.

MOBILIZING PARTNERS AND FINANCIAL RESOURCES TO EXPAND ACCESS TO HIV TREATMENT IN COUNTRIES

14. The goals of the "3 by 5" initiative cannot be achieved by a single agency. Their attainment requires extended partnerships with clearly defined roles and functions of each partner agency.

15. The "Three Ones" approach (one agreed HIV/AIDS action framework, one national AIDS coordinating authority, and one monitoring and evaluation system) was hailed as especially timely in view of the multiplicity of partners, the risk of fragmentation, and the need to harmonize the mechanisms required by different international players. However, participants stressed that governments should be in the driving seat and that external partners should respect and adhere to national policies and plans.

16. Participants illustrated the numerous ways in which partnerships work in their countries, referring to coordination of HIV/AIDS activities through councils, interministerial committees, and interagency mechanisms linking government and civil society. They gave specific examples of coordination and partnerships, including the mobilization of the business community through tax incentives and the involvement of the private sector with large companies providing coverage for HIV/AIDS treatment (sometimes through a solidarity fund). Several participants also mentioned that their countries' response was multisectoral, rather than limited to health care, exemplifying efforts to integrate care beyond the provision of medications.

17. The role of affected communities and civil society in strengthening the quality and uptake of HIV/AIDS services was repeatedly underlined. People living with HIV/AIDS play a crucial role in counselling on prevention and ensuring treatment adherence.

18. Most participants deplored the shortage of resources in their respective countries. Some suggested that grants would be more helpful than loans, and others proposed linking debt relief to reinforcement of health sector. It was also noted that the reduced cost of drugs and increased financial resources such as the Global Fund to Fight AIDS, Tuberculosis and Malaria should help to enhance their ability to respond to the need for expanding access to treatment.

19. Looking forward, participants called for long-term plans beyond the immediate increase in numbers of people receiving treatment, and expressed concern about the sustainability of efforts to provide care in view of both the need for lifelong treatment and the problems related to the Agreement on Trade-related Aspects of Intellectual Property Rights that may jeopardize continuing access to drugs.

INTEGRATING PREVENTION AND TREATMENT PROGRAMMES IN COUNTRIES

20. A common theme throughout the discussion was that, rather than pitting prevention against treatment, the international discourse now emphasizes prevention and treatment as essential and equally important components of integrated HIV/AIDS services.

21. Participants expressed strong support for and commitment to the integration of HIV/AIDS prevention and treatment, variously citing experiences from developed and developing countries, with high and low prevalence rates. It was considered to be especially important to guard against relaxation of prevention efforts as momentum to extend access to treatment builds. Participants underlined that, although treatment and care require a strong health-sector response, prevention requires, in addition, a strong response from all other sectors, with appropriate coordination and leadership.

22. Poverty, mobility, commercial sex and injecting drug use were emphasized as vulnerability factors for HIV/AIDS. Prevention and treatment programmes must ensure access for vulnerable groups, including women, girls, children and marginal communities (with actions including ensuring relevant and appropriate legislative reform) and tackle causal factors that fuel the epidemic such as injecting drug use (including the need for harm reduction and methadone-replacement therapy).

23. It is vital to aggressively extend access to HIV/AIDS testing and counselling linked to prevention and treatment services. Participants noted that new technologies and simplified algorithms permit rapid testing with increasingly simple sample collection and at low cost.

24. The discussion highlighted the fact that integrated HIV/AIDS services include more than prevention and treatment. A comprehensive approach was proposed that covers a continuum of services from prevention to testing, treatment, care and support. In some areas it was noted that special services are required to meet the needs of drug users or people with coexistent tuberculosis infection.

25. Participants also emphasized new opportunities for prevention interventions as more people learn their HIV status. They suggested that such interventions for people who test positive for HIV infection contain messages about avoiding reinfection in order to stay healthy and preventing transmission to partners. They also recommended that research into products that could augment prevention efforts, such as vaccines and microbicides, should be intensified.

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