REGIO NAL HEALTH SECTOR STRATEGY ON HIV, 2011-2015

The Regional Committee,

Recalling World Health Assembly resolutions WHA 53.14, WHA 56.30, WHA 59.12 and WHA 59.19, relating and building on previous WHO HIV/AIDS strategies and plans endorsed by several Health Assemblies, and welcoming adoption by the World Health Assembly of resolutions WHA 63.19 requesting the Director-General to develop a WHO HIV/AIDS strategy for 2011-2015, and resolution WHA 64.14 which unanimously endorsed the global health sector strategy on HIV/AIDS, 2011-2015,

Mindful that after sub-Saharan Africa, the South-East Asia Region has the second highest burden of HIV in the world with 3.5 million people living with HIV, and that the type and quality of HIV interventions delivered in many settings do not adequately focus on populations at highest risk for HIV infection such as people who inject drugs, sex workers and men who have sex with men, and these interventions should be based on characteristic epidemiological features of HIV in South-East Asia,

Taking note that the Global Health Sector Strategy on HIV/AIDS 2011-2015 recommends to Member States to strengthen targeted prevention measures and achieve universal access to antiretroviral treatment, within a framework of respect for human rights, gender equality, and the reduction of stigma and discrimination, in national context,
Aware that the framework for the regional strategy has been developed in consultation with the national HIV/AIDS programmes as well as with experts in the Region and is based on the Global Health Sector Strategy for HIV 2011–2015 which has been endorsed by the Sixty-fourth session of the World Health Assembly,

Recognizing that HIV prevention should continue as a core focus area in the Region, and

Mindful of the enormous challenges faced by the Member States in terms of building the necessary core capacity, including human resources and health systems development essential for the implementation of global commitments made on MDGs and universal access,

1. URGES Member States:

(a) to incorporate, based on national contexts, the policies, strategies, programmes and interventions and tools recommended by WHO in order to implement effective HIV prevention measures, early diagnosis, treatment and care; and take further steps towards minimizing stigma and discrimination which hamper access to prevention, treatment and care;

(b) to take forward new WHO priorities, including revitalization of primary health care, integrated service delivery, and equitable access to health services, selectively integrating HIV interventions in different health services;

(c) to strengthen links between HIV; tuberculosis; sexual and reproductive health; maternal, newborn and child health; and other programmes and services in order to ensure sustainability and maximize efficiency and effectiveness;

(d) to strengthen surveillance systems and generation of quality data for setting programme priorities;

(e) to address migration, including cross border migration, as a factor in emerging epidemics, based on principles of dignity and respect in accordance with international norms;

(f) to have a multisectoral and multistakeholder response for social protection;

(g) to work towards adequate fund provision for HIV programmes including allocation for prevention, treatment and care, and
(h) to fulfill all administrative and resource requirements that may be necessary for effective implementation of the Regional Health Sector Strategy on HIV 2011-2015, and

2. REQUESTS the Regional Director:

(a) to provide technical support to Member States in implementation, monitoring and evaluation of the Regional Health Sector Strategy on HIV 2011-2015;

(b) to facilitate resource mobilization for implementation of the Strategy in all Member States through multisectoral response and by advocating innovative health-financing options;

(c) to promote intercountry and interregional collaboration through sharing of experiences, strategies and best practices in prevention and control of HIV, and

(d) to review progress made and report to the Sixty-seventh session of the Regional Committee.

Fifth meeting, 9 September 2011