

**AIDS AND STD IN SOUTH-EAST ASIA:  
WHO Policy and Strategy Framework**



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## 1. INTRODUCTION AND CONTEXT

SEXUALLY transmitted diseases (STDs) including the acquired immunodeficiency syndrome (AIDS) continue to spread alarmingly in South-East Asia and pose a major public health and developmental threat to the countries of this Region. Although HIV began to spread in Asia much later than it did in the United States and Africa, it is already having considerable impact in many countries as seen by the rapid increase in infection rates among various population groups including the general population. Given the presence of risk behaviour factors, such as high rates of STD, male patronage of sex workers, and low usage of condoms, there is an enormous potential for spread in all countries of the Region. While countries are responding to the pandemic to their best capabilities, much more remains to be achieved in terms of political commitment, appropriate societal response and in the speedy and efficient implementation of programme activities, in the areas of both prevention and care.

In fact, the WHO South-East Asia Regional Office (SEARO) began mobilizing the response to the imminent threat posed by AIDS, even before the Global Programme on AIDS (GPA) was set up at WHO/HQ. In December 1985, the Regional Office convened an intercountry consultative meeting to review the situation and to formulate a plan of action. The WHO Regular Budget was used to initiate regional programme activities related to surveillance, health education and safe use of blood and blood products. The action plan was further reviewed during a consultative meeting of experts and subsequently approved the same year by the Regional Committee in a meeting held in Pyongyang, DPR Korea. The GPA support in terms of staff at SEARO became available only in 1990.

Over the last ten years, the Regional Office has been assisting countries of the Region in the planning and implementation of STD/AIDS control strategies and activities. In all countries of South-East Asia, national AIDS programmes have been set up with WHO's financial and technical support. The Regional Office support has

focused on strengthening the country capacity to mobilize support and response directed at slowing the HIV transmission and reducing the adverse effects of AIDS on individuals, families and communities. The staff of the STD/AIDS Programme have provided technical support through promotion of effective and rational strategies, including condom provision and promotion; management of other sexually transmitted diseases; provision of information, education and communication (IEC) including that targeted at young people, both in and out of school; ensuring transfusion of safe blood and blood products, and promoting care for those with HIV/AIDS. Besides technical support, the Regional Office has also provided support by way of procurement of essential supplies and equipment, such as HIV test kits and condoms. And, because of proximity, the Regional Office staff have been able to promptly and effectively respond to country requests for technical and operational support.

The role of the WHO Regional Offices regarding HIV/AIDS *vis-a-vis* the new Joint and Co-sponsored UN Programme on HIV/AIDS (UNAIDS), which became operational on 1 January 1996, remains crucial. Given the country needs for support at this critical juncture in their fight against AIDS, WHO is committed to providing technical, material and logistical support to national STD/AIDS prevention and control programmes in areas of comparative advantage. In South-East Asia, this support will be provided by staff based in the WHO Regional Office in New Delhi as well as in selected countries, and in collaboration with other relevant WHO units/programmes and country offices. The SEARO STD/AIDS Programme, while continuing to assist Member Countries, will fully cooperate with UNAIDS as a co-sponsor of the Programme, particularly in health-related areas.

## **2. OBJECTIVES OF THE PROGRAMME**

The objectives of the Regional STD/AIDS Programme are to:

- (1) Provide technical and programmatic support to Member States in the areas of HIV/AIDS and STD prevention and care;

- (2) Support the WHO country offices in responding to the technical and operational needs of Member States, particularly of Ministries of Health;
- (3) Assist other technical units in SEARO to mainstream/incorporate HIV/AIDS into their existing programmes and activities, and
- (4) Collaborate as one of the co-sponsors, with UNAIDS, in carrying out intercountry and regional activities in selected areas and programmes.

### **3. POLICIES AND STRATEGIES**

The Regional STD/AIDS Programme will continue to work within the framework of policies as accepted by the World Health Assembly meetings and articulated in the WHO Global AIDS Strategy Document, 1992. Further guidance on technical and programme matters will be obtained from the WHO Strategic Plan, December 1996, and activities carried out in collaboration with UNAIDS and other co-sponsors. The priority strategies and interventions for support to governments in which WHO/SEARO will take a lead role, will include:

- (1) Preventing HIV transmission by strengthening the STD case management capacities and health education activities;
- (2) Ensuring safe blood transfusions;
- (3) Providing comprehensive care (including counselling) to people infected with HIV or those with AIDS;
- (4) Monitoring the trends of the HIV/AIDS pandemic through surveillance, and supporting the HIV and STD-related research activities;
- (5) Strengthening of laboratory services for STD and HIV/AIDS diagnosis;
- (6) Training of health care workers on STD/HIV/AIDS management, and
- (7) Health promotion and education.

The Regional Office will participate, along with other co-sponsors and UNAIDS, in the STD/AIDS programme planning, monitoring and evaluation missions to countries, as well as in advocacy activities. It will continue the exchange/sharing of technical information and collaboration with all interested agencies, including other UN agencies and UNAIDS.

#### **4. ACTIVITIES**

Specifically in the area of STD prevention and control, the Regional Office will advocate: (a) integration of STD treatment services into primary health care; (b) developing and promoting effective case management through the use of syndromic approach; (c) ensuring and promoting the availability of appropriate STD treatment, and (d) assisting national programmes in training of various cadres of health care workers in syndromic case management. These activities will be carried out in collaboration with the appropriate Regional Office Technical Units such as Maternal and Child Health, and Health Promotion and Education. In order to ensure availability, STD drugs will have to form part of the essential drug programmes in countries.

Assistance will be provided to prevent HIV transmission through blood by promoting interventions, such as (a) recruitment of voluntary and non-remunerated donors; (b) rational use of blood; (c) screening of all donated blood for HIV, and (d) consistent adherence to infection control practices through training of health care workers on various aspects of AIDS, and particularly on universal precautions related thereto. Collaboration with Health Laboratory Services, Human Resources for Health and Nursing Units remain crucial in this area.

In the areas of care and social support, the Regional STD/AIDS Programme in collaboration with other technical units such as Primary Health Care, Tuberculosis, and Nursing will continue activities to assist countries in: (a) the planning and implementation of comprehensive HIV/AIDS care including clinical and nursing care for people living with HIV infection and AIDS, and (b) integrating HIV/AIDS care into the overall health services, with the referral network extending from the home and community, through peripheral

health units to district hospitals as a continuum. Involvement of community-based NGOs will be promoted.

HIV/AIDS and STD surveillance is essential not only for monitoring the trends of the pandemic in countries but also for advocacy and planning purposes. WHO/SEARO will continue its role of: (a) assisting countries in developing/ strengthening HIV/AIDS and STD surveillance and in data analysis; (b) monitoring the gonococcal antimicrobial susceptibility patterns, and (c) maintaining a regional HIV/AIDS surveillance database. The STD/AIDS staff in collaboration with the SEARO Medical Research Unit, will also assist countries in formulating and implementing epidemiological and operational studies relevant to national programmes.

The STD/AIDS Programme will also actively facilitate and promote the mainstreaming or integration of STD/AIDS activities into various ongoing WHO programmes, both at regional and country levels. It will encourage and cooperate with Member States to incorporate activities related to STD/AIDS in their detailed plans of action for implementation under the WHO collaborative programme using the WHO country (Regular Budget) funds.

## **5. ROLES AND RESPONSIBILITIES OF THE REGIONAL OFFICE AND COUNTRY OFFICES**

### **5.1 Regional Office**

The specific role of the STD/AIDS Programme at the Regional Office will include support to Member States through programmes/units, both at the Regional Office and country offices, principally in the following fields:

- STD prevention, diagnosis and care;
- Blood transfusion safety;
- HIV/AIDS care including counselling;
- HIV/AIDS and STD epidemiological surveillance and research;

- Integration of HIV/AIDS and STD programmes into the health system;
- Health promotion and education;
- Technical capacity-building through training, workshops and guidelines;
- Strengthening of laboratory services;
- Participation in the planning and evaluation of national programmes;
- Collaboration, at the regional level, with other external bodies such as UNAIDS, other agencies dealing with HIV/AIDS and STD projects, and with donor agencies;
- Supporting WHO collaborating centres and maintaining technical relationships with the research, academic and service organizations of the Region;
- Participation in advocacy and resource mobilization for HIV/AIDS and STD activities;
- Administrative and operational support to national programmes in procurement of test kits, in facilitating study tours or fellowships, and in recruitment of consultants, and
- Cooperating with Member States on STD/AIDS-related activities included in their detailed plans of action, under the WHO collaborative programme.
- The Regional Office and Headquarters will work together as a team to ensure appropriate, timely support to countries through: continuity in the provision of technical support and funding, as appropriate; keeping WRs informed about the developments related to STD/AIDS; involving WRs, from the planning stages onwards, of the regional and headquarters response, giving priority to jointly-planned technical cooperation activities, and assisting WRs in project development for resource mobilization and in advocacy.

## 5.2 Country Offices

- (1) The leadership of the Organization in the public health response to the HIV/AIDS epidemic is particularly important at the country level. The country offices provide technical cooperation to countries in areas under WHO responsibility in support of national health plans. The WHO Representative, as a member of the UN Theme Group on AIDS, will ensure that the health component of the national plan is fully supported.
- (2) Requests for relevant WHO technical support to country programmes will be channelled by the WR to the Regional Office which will provide support either through WHO (Regional Office or HQ), or from external sources including UNAIDS.
- (3) The WRs will report to the Regional Director (RD), WHO/SEAR, on all aspects of their work. When WRs are also in the Theme Group Chair, they will report to the RD and to the Executive Director, UNAIDS, on their work in the Theme Group, informing the Resident Coordinator, as appropriate. While the WR who is in the Theme Group Chair can communicate with UNAIDS on e-mail, he should also take care to keep the Regional Office informed on substantive issues, including meetings attended or about proposed visits by UNAIDS staff to the country. The WRs are likely to be invited to participate in meetings organized by UNAIDS in their capacity of being in the Chair of the Theme Group; their participation in such meetings should only be with the agreement of the RD and their travel should, in principle, be supported by UNAIDS.
- (4) The WRs will be encouraged to be actively involved in resource mobilization at the country level, working closely with national health authorities. However, the WHO RB funds can not be pooled for execution under the UN Resident Coordinator or under any other agency.
- (5) Under the agreement signed by WHO/HQ and UNAIDS, the former will provide administrative support to UNAIDS at Headquarters. However, WHO has no obligation to provide

administrative or logistical support to the UNAIDS staff at regional and country levels. Any requests by UNAIDS for such support should be taken up on a case-by-case basis and in consultation with the Regional Office.

- (6) For all UNAIDS activities/general operating expenses at the country level, the disbursement of funds is to be made by UNDP country offices and not by WR offices. Secondly, in case the UNDP country office advances funds to the WR for UNAIDS activities, all such advances including subsequent disbursements should not be included in the WR's imprest accounts; there should be a separate accounting/reporting of such transactions between the WR office and the UNDP country office.

## **6. RESOURCE IMPLICATIONS**

The SEARO support to Member Countries and WHO country offices will continue and will primarily be technical support in areas as identified above. Much of this work will be carried out in collaboration with the concerned and relevant units in SEARO, using Regular Budget contributions and by mobilizing resources from other sources including UNAIDS. Provision has been made under RB for recruitment of two international staff members at the Regional Office and three staff members at the country level, namely in Indonesia, Myanmar and Thailand. For regional and intercountry activities, the 1996-1997 budget includes US\$ 100 000 under the WHO Regular Budget and US\$ 300 000 under UNAIDS.

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