

PAHO “3 BY 5” STRATEGIC ORIENTATIONS

This document was developed by the 3 by 5 Task Force convened by the Pan American Health Organization (PAHO) in January 2004, with the objective of defining strategic orientations for the implementation of the "3 by 5 Initiative". The Task Force was comprised of experts from PAHO and selected experts from Central America and the Caribbean, including representatives of non-governmental organizations of people living with HIV/AIDS.

Strategic orientation 1 Political commitment and leadership, partnerships and community mobilization

STRATEGY	ACTIVITY	INDICATOR
1) Exert visible leadership & commitment to urgent action to reach the goal of universal access to ART	<p>A) PAHO exercises its leadership role in care & treatment within ICC, UN Themes Groups & CCMs</p> <p>B) In collaboration with countries, PAHO identifies ambitious time-bound target for the region</p> <p>C) Confirm 3 by 5 as an institutional priority & realign expertise & activities across PAHO to achieve target & mobilize resources</p> <p>D) Promote role of treatment in comprehensive response to the epidemic</p> <p>E) Develop integrated communication strategy to be used within & outside PAHO, including advocacy for sustainability of initiative beyond 2005</p> <p>F) Use all relevant regional & sub regional meetings to promote the initiative</p>	<p>A) ICC endorses PAHO/WHO leadership role in care & treatment at first meeting in 2004 & roles & responsibilities of ICC members agreed upon</p> <p>B) By end of April 2004 countries will have established their targets & Regional target disseminated by May 14</p> <p>C) PAHO’s BPB revised to reflect 3 by 5 as an Organizational priority</p> <p>D) PAHO fact sheet on role of treatment disseminated by Feb 1.</p> <p>E) Communication strategy published by May 2004</p> <p>F) Commitment to 3 by 5 in all relevant forums documents & policy statements</p>

<p>2) Engage partners at all levels to ensure complementarity of action</p>	<p>A) Promote horizontal collaboration & technology transfer at all levels (civil society, NGOs, PLWHA, private sector, centers of excellence, government, agencies etc)</p> <p>B) Request the collaboration of the Inter American Commission on Human Rights (OAS) in the implementation of 3 by 5</p> <p>C) Request collaboration of the development Banks (CDB, IDB, WB) in the implementation of 3 by 5</p> <p>D) Strengthen dialogue with NGOs & civil society working in the response to the epidemic</p> <p>E) Work with CCMs to incorporate & expand care & treatment targets in line with 3 by 5</p>	<p>A) Number TCC projects approved by July 1 support the 3 by 5 initiative</p> <p>B) By October 2004, the Commission should have approved guidelines to be followed by OAS member states</p> <p>C) By Jan 2005, development banks financially support at least one 3 by 5 activity through non-refundable projects</p> <p>D) By Feb 2004, 25% of country BPs contain links between NGOs, civil society & health sector activities</p> <p>E) All priority country CCMs have conducted meetings to review targets (reflected in CCM minutes)</p>
<p>3) Strengthen country political commitment & capacity for implementation & coordination</p>	<p>A) Develop & implement an advocacy plan to build political commitment for 3 by 5</p> <p>B) Support the establishment of national care & treatment committees</p> <p>C) Promote integrated, standardized & simplified care & treatment approaches with decision makers</p> <p>D) Facilitate the formulation of policies &/or legislation that incorporates care & treatment</p> <p>E) Collaborate with Ombudsman (Human Rights offices) in the promotion & protection of the human rights of persons with HIV/AIDS</p>	<p>A) A regional advocacy plan which includes best practices, cost of non-action & positive impact of care & treatment is available (& being used) for promotion of the 3 by 5 initiative by the end of April 2004</p> <p>B) National care & treatment committees which reflect major actors in this area & ensure the continuum of care & treatment established & functioning in 40% of PAHO member countries by the end of June 2004</p> <p>C) Priority countries adopt simplified approaches by Dec. 2004</p> <p>D) By the end of 2004, all countries should have a written commitment to provide ART in national policy &/or legislation</p> <p>E) By July 2004, all Ombudsman offices should have incorporated activities to promote & protect the human rights of people with HIV/AIDS</p>

<p>4) Promote ethical standards for all interventions</p>	<p>A) Adapt & disseminate guidelines for the ethical & equitable scaling up of ART</p> <p>B) Work with UNAIDS & partners to develop principles for implementing 3 by 5 programs that promote gender equality, are inclusive of children, incarcerated people, migrants & other marginalized groups</p> <p>C) Develop & implement strategies to reduce HIV-related stigma & discrimination in the health sector</p>	<p>A) Regional guidelines available at country level</p> <p>B) Principles for 3 by 5 program published</p> <p>C) Plans to reduce stigma & discrimination in X countries developed by August 2004</p>
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Strategic orientation 2

Health systems/services strengthening, including the adaptation and application of appropriate tools

STRATEGY	ACTIVITY	INDICATOR
1) Strengthen health sector leadership	<p>A) Integrate 3 by 5 activities into sectoral action plans with clear definition of roles & responsibilities within the health sector</p> <p>B) Strengthen steering role of MOH & articulation of co-existing mechanisms in the health sector</p>	<p>A) Number of sectoral action plans with integrated 3x5 activities & clear definition of roles & responsibilities within the health sector</p> <p>B) Publication of recommendations to improve the steering role of MOH & the articulation of co-existing mechanisms in the health sector</p>
2) Pursue financing	<p>A) Broker additional finances where required for scaling up in accordance with 3 by 5</p> <p>B) Support financing mechanisms for programs that provide social protection in health</p> <p>C) Advocate for increased coverage in public & private sector health insurance schemes</p>	<p>A) Bids for (further) funding submitted & additional funding received by countries for 3x5, including increased national financial commitment to ART</p> <p>B) Identification & publication of documents on different financing mechanisms for programs that provide social protection in health</p> <p>C) Advocacy tools for increased coverage in public & private sector health insurance schemes developed & adapted & programs supported to provide social protection in health</p>

STRATEGY	ACTIVITY	INDICATOR
<p>3) Strengthen & build the human capacity for scaling up antiretroviral therapy & comprehensive care</p>	<p>A) Adapt & develop where necessary standardized training packages & methodologies for the key competencies necessary for 3 by 5 based on needs assessments</p> <p>B) Support development of national human resource plans to ensure success of 3 by 5 consistent with appropriate service delivery models</p> <p>C) Support countries in the development of training systems that allow trainers to evaluate & certify the competence of health workers involved in scaling up ART</p> <p>D) Facilitate the training of key groups involved in scaling up simplified standardized antiretroviral therapy</p> <p>E) Adapt & develop where necessary standardized approaches to supervising staff & to monitoring service quality</p>	<p>A) Adaptation & publication of standardized training packages & methodologies</p> <p>B) Number of national human resource plans that address the need to scale up 3 by 5</p> <p>C) Number of training authorities qualified to issue certificates of competence to persons involved in providing services for scaling up ART</p> <p>D) Number of professional, lay staff & community agents trained in antiretroviral therapy</p> <p>E) Adaptation & publication of guidelines for supporting the quality of antiretroviral therapy services</p>

STRATEGY	ACTIVITY	INDICATOR
<p>4) Ensure optimal utilization of tools & services</p>	<p>A) Adapt & develop where necessary simplified guidelines for HIV counseling & testing & referring individuals at high risk of HIV disease</p> <p>B) Adapt & develop where necessary guidelines for better use of entry points (e.g. TB, acute medical clinics, PMTCT, etc.) to identify people who need ART & start or refer for therapy</p> <p>C) Provide validated operational models for effective linking of entry points with ART programs without compromising core activities</p> <p>D) Review, update, adapt, standardize, harmonize & disseminate ART guidelines to include: recommendations for standard first & second line regimens; adherence support for use by facilities; treatment monitors & people receiving therapy; requirements for laboratory monitoring of ART & networks of HIV/AIDS diagnostic support</p> <p>E) Collaborate with partners to develop guidelines for the nutritional support of persons on ART</p>	<p>A) Standard operational procedures for counseling & testing, including HIV testing guidelines adapted & published</p> <p>B) Guidelines for entry points to identify & start or refer people who need ART adapted & published</p> <p>C) Technical & operational guidelines for entry points to expand into ART while maintaining core functions adapted & published</p> <p>D) Guidelines on: <ul style="list-style-type: none"> • ART • adherence • requirements for laboratory networks for the diagnostic of HIV/AIDS & monitoring of ART adapted & published</p> <p>E) Guidelines on nutritional support adapted & published</p>

STRATEGY	ACTIVITY	INDICATOR
5) Expand operational capacity to scale up services	<p>A) Support upgrading of physical infrastructure & decentralized innovative alternatives for service delivery</p> <p>B) Provide validated operational models for delivering ART & integrated clinical guidelines for service delivery at the facility level</p> <p>C) Strengthen referral systems & develop sustainable models of chronic care delivery for the long-term support & management of individuals in ART programs</p> <p>D) Support national processes of physical resource planning consistent with the service delivery model(s) selected</p> <p>E) Strengthen methods for accrediting service delivery points</p> <p>F) Ensure the continuity of ART as a component of disaster relief efforts</p>	<p>A) Number of upgraded physical infrastructures & number of supported decentralized innovative alternative mechanisms for service delivery</p> <p>B) Development, adaptation & publication of technical guidelines for integrated management of patients</p> <p>C) Number of strengthened referral systems, strengthened chronic care delivery services established, & number of individuals accessing referral & chronic care delivery services</p> <p>D) Extent of rehabilitation & upgrading conducted in key areas involved in delivering ART</p> <p>E) Adaptation & publication of service delivery standards & accreditation criteria & number of accredited service delivery points</p> <p>F) Adaptation & publication of guidelines to ensure the continuity of ART as a component of disaster relief efforts</p>

Strategic orientation 3

Effective, reliable supply of medicines, diagnostics and other commodities

STRATEGY	ACTIVITY	INDICATOR
1) Build on experiences & best practices of countries & other partners in the provision of comprehensive care & in the effective & reliable supply of medicines, diagnostics & other commodities	<p>(Regional)</p> <p>A) Mapping, analysis & monitoring of lessons learned in supply management of medicines, diagnostics & other health commodities</p> <p>(National)</p> <p>B) Use of matrices for the development of national tools</p> <p>C) Facilitate the exchange of experiences, know-how & personnel</p> <p>D) Exchange information through publications & virtual library</p>	<p>A) Complete assessment of at least five strategic countries completed by July 2004.</p> <p>B) Matrices published by en 2004 for all countries in priority order</p> <p>C) Doubling the number of exchanges of inter-country agreements & exchanges by 2005 from 2003 basis</p> <p>D) Number of relevant publications in regionally accessible media duplicated by end 2005 from 2003 basis</p>
2) Develop a package of technical cooperation in drug supply, diagnostics, clinical monitoring & commodities (selection, quality assurance, control & prequalification, pricing, quality control & rational use, IP/patents/legal processes & cost containment)	<p>(Regional)</p> <p>A) Supporting the updating, harmonization & dissemination of national or sub-regional guidelines in selection, standards & sourcing (including blood see SO 4 & 5)</p> <p>B) Development of regional & national capacity in drugs quality control evaluation</p> <p>C) Development of capacity in external (regional / subregional) evaluation of performance programs in diagnostics & clinical monitoring</p>	<p>A) All priority countries supported in implementation by end 2005</p> <p>B) All priority countries have access to QC testing laboratories for drugs by end 2005</p> <p>C) All priority countries have access to external evaluation performance programs in diagnostic testing & clinical monitoring by end 2005</p>

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	<p>D) Standardize & implement protocols to monitor the quality of reagents & test kits</p> <p>E) Promotion & updating medicines policies, including generic drug policies, in the region</p> <p>(National)</p> <p>F) Development/ adaptation of clinical guidelines based on international references including decisional algorithms</p> <p>G) National capacity in drugs quality control evaluation developed, & implementation of national programs of external evaluation program of performance for diagnostics evaluated</p> <p>H) Development of national capacity in external evaluation of performance programs in diagnostics & clinical monitoring</p>	<p>D) Standardized protocol designed & disseminated by June 2005</p> <p>E) All priority countries receive support in implementation of medicines policies by end 2005</p> <p>F) Updated clinical guidelines at national levels in all priority countries that request it by end 2005</p> <p>G) 40% of countries have capacity in QC analysis of ARV, & number of countries implementing national programs of external evaluation doubled, by end 2005</p> <p>H) All priority countries implementing national programs of external evaluation by end 2005</p>
<p>3) Offer procurement through the Strategic Fund (planning, programming & coordination)</p>	<p>(Regional)</p> <p>A) Mobilize resources to capitalize the fund guaranteeing sustainability of purchasing process</p> <p>B) Assist countries in programming & planning, moving to coordinated cyclical procurement</p> <p>C) Develop & implement a strategy to promote the use of the fund</p> <p>(National)</p> <p>D) Country support in procurement planning</p>	<p>A) Fund capital mobilized (dates depending on US\$ to be quantified)</p> <p>B) Timely forecasting available & regional rounds of cyclical procurement underway in all priority countries by end 2005</p> <p>C) Strategy in place at regional level in all priority countries by end 2005</p> <p>D) Plans & forecasts for each country, & procurement reports in all priority countries by end 2005</p>

STRATEGY	ACTIVITY	INDICATOR
	E) Country support in strengthening supply systems	E) PAHO providing assistance in all the 3x5 countries
4) Promote information on pricing, quality sourcing, registration & patent status	<p>(Regional)</p> <p>A) Supporting the development of information center & data bases on guidelines, standards, sourcing & pricing</p> <p>B) Information & support to countries, including creation of tools on IPR & impact on access to essential public health supplies, & cost containment methods to facilitate dialogue with economic sector</p> <p>(National)</p> <p>C) Feeding mechanisms established for Information center & economic analyses</p>	<p>A) Information center operational by December 2004</p> <p>B) Operational program in execution by July 2004</p> <p>C) All 3x5 countries requesting so are covered by end 2005</p>

Strategic orientation 4

Links with prevention within health services

STRATEGY	ACTIVITY	INDICATOR
1) Promote <i>universal VCT</i> (non-mandatory) in existing services (e.g. ANC, STI, TB, RH/FP etc.), & consider its expansion to other services	<p>A) Adapt simplified guidelines for HIV testing & counseling (including legal & ethical issues)</p> <p>B) Promote dissemination & implementation of guidelines in the utilization of health services (TB, acute medical clinics, PMTCT, STI, ANC, services for IDU) as entry points, to identify, refer & follow-up people who need ART, comprehensive care & other interventions</p> <p>C) Promote the creation ad-hoc VCT services for hard to reach populations, as needed (CSWs, migrants, displaced, street people, IDUs, etc)</p> <p>D) Support the building of national awareness around the benefits of knowing HIV status & seeking treatment</p>	<p>A) By Dec-05, operational guidelines for testing & counseling will be implemented in at least all priority countries</p> <p>B) By Sept-04, guidelines for the utilization of health services as entry points to identify, refer & follow-up people who need ART, comprehensive care & other interventions published & implemented</p> <p>C) By January-05, 15 countries have ad hoc VCT services for hard to reach populations (CSWs, migrants, displaced, street people, IDUs, etc.)</p> <p>D) By December-05, 80% of countries have carried out campaigns on the benefits of knowing the HIV status & seeking treatment to build national awareness on the HIV status.</p>
2) Support the universal implementation of necessary interventions to curtail mother-to-child transmission of HIV	<p>A) Promote the universal implementation of existing guidelines on MTCT</p> <p>B) Support the building of national awareness among women in child bearing age of the benefits of knowing HIV status & seeking treatment within antenatal care services</p> <p>C) Collaborate in training service providers in the implementation of PMTCT interventions in ANC, delivery care, & child health services (e.g. infant feeding counseling, comprehensive care and support, ART)</p>	<p>A) By Dec-2005, all priority countries have implemented existing guidelines on PMTCT</p> <p>B) By December-05, 80% of countries have carried out campaigns on the benefits of attending ANC services to prevent PMTCT of HIV</p> <p>C) By December-05, all priority countries have training materials available</p>

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	<p>D) Ensure that countries have adapted & implemented infant feeding policies for HIV + mothers, including guidelines for the procurement, distribution & use of breast milk substitutes in accordance with the International Code of Marketing of Breast milk Substitute & the Baby Friendly Hospital Initiative (BFHI)</p>	<p>D) By December-05, all priority countries have adequate infant feeding policy for HIV+ mothers & have guidelines on procurement, distribution & use of breast milk substitutes</p>
<p>3) Ensure the <i>supply</i> of products & commodities that provide protection to reduce risk (e.g. condoms & lubricants, PEP kits, needles, syringes, microbicides, disposal containers, etc.)</p>	<p>A) Guarantee the availability of evidence regarding protection methods & needle exchange programs.</p> <p>B) Support the development of protocols for distribution of products & commodities</p> <p>C) Collaborate in the improvement of existing logistic systems to ensure supply</p> <p>D) Support studies on use & demand</p>	<p>A) By December-2005, fact sheets will have been published on evidence on protection methods & needle exchange programs</p> <p>B) By December 2005, all countries have protocols for distribution of products & commodities & all priority countries using them</p> <p>C) By December-05, all priority countries have logistic mechanism in place to ensure supply</p> <p>D) By December-05, 5 countries have carried out operational research on use & demand</p>
<p>4) <u>Build capacity</u> for health teams & community members to carry out preventive interventions within comprehensive care & follow-up services</p>	<p>A) Adapt existing training packages for the key competencies on prevention activities that complement the 3x5</p> <p>B) Support training activities consistent with the implementation of preventive interventions</p> <p>C) Support countries in the development of national standards for the implementation, monitoring & evaluation of preventive interventions for & by the community</p>	<p>A) By December 2005, all priority countries have adapted training packages on prevention activities</p> <p>B) By December 2005, all priority countries have received training support</p> <p>C) By December 2005, all priority countries have national standards in operation</p>
<p>5) Promote <u>outreach interventions</u> with the</p>	<p>A) Develop guidelines & standards for implementing preventive activities for & with communities & families</p>	<p>A) By December 2005, guidelines & standards implemented in all priority countries</p>

STRATEGY	ACTIVITY	INDICATOR
involvement of communities & families to promote preventive practices, adoption of protective measures, & health-seeking behaviors.	<p>B) Promote the involvement of community-based organizations & PLWHA in the implementation of prevention activities</p> <p>C) Promote exchange of successful interventions & lessons learned in involving communities & families in prevention</p>	<p>B) By December 2005, all priority countries have PLWHA & community based organizations involved in prevention activities</p> <p>C) By December 2005, all priority countries have compiled & disseminated successful interventions & lessons learned</p>
6) Ensure the sufficient, timely, & quality supply of blood & derivatives & their appropriate therapeutic use.	<p>A) Support the implementation of campaigns for voluntary & altruistic donation of blood (VBD)</p> <p>B) Advocate for universal, reliable screening of HIV & other blood-borne infections in donated blood</p> <p>C) Support the dissemination & application of norms, standards, & procedures on appropriate use of blood</p> <p>D) Foster the establishment &/or strengthening transfusion committees within transfusional medicine units</p> <p>E) Strengthen hemovigilance systems</p>	<p>A) By December 2005, all priority countries assisted to develop national campaigns on VBD</p> <p>B) By December 2005, all priority countries have received the evidence of the benefits of universal blood screening utilizing reliable methods</p> <p>C) By December 2005, all priority countries have in place norms, standards & procedures on appropriate use of blood</p> <p>D) By December 2005, all priority countries strengthened to have operational transfusion committees in place</p> <p>E) By December 2005, all priority countries have guidelines & standards on hemovigilance available</p>
7) Ensure that STI control activities are prominently included in relevant country plans & programs	<p>A) Advocate for the strengthening of STI control.</p> <p>B) Support the development of national norms, guidelines & protocols for STI control</p> <p>C) Motivate the integration of the syndromic approach management of STI in pre- & in-service training curricula</p>	<p>A) By December 2005, advocacy & lobbying materials developed & distributed in all countries</p> <p>B) By December 2005, 20% of countries assisted to develop national norms, guidelines & protocols for STI control</p> <p>C) By December 2005, 20% of priority countries have medical educational institutions with a written commitment to incorporate the syndromic approach management in pre- & in-service curricula</p>
8) Support countries to develop comprehensive	A) Advocate with health authorities for prevention as a cornerstone of 3x5	A) By December 2005, all national plans for the implementation of 3x5 have a prevention component

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prevention interventions	<p>B) Develop toolkits/materials for mass media campaigns & social marketing for HIV prevention</p> <p>C) Develop prototype health education materials for different audiences for HIV prevention (media, schools, armed forces, etc.)</p> <p>D) Advocate for free/low cost distribution of products to prevent transmission (needle exchange, condoms, etc)</p> <p>E) Collection, collation, & dissemination of lessons learned, new knowledge & evidence based interventions</p>	<p>B) By July 2004, toolkits/materials for mass media campaigns & social marketing for HIV prevention developed</p> <p>C) By July 2004, prototype health education materials for HIV prevention developed</p> <p>D) By December 2005, all priority countries have programs for free/low cost distribution of products</p> <p>E) By December 2005, 100% priority countries have received information on successful interventions & lessons learned</p>
9) Facilitate the creation of coordination mechanisms to ensure articulated prevention efforts among stakeholders	<p>A) Strengthen networks of people & institutions working in HIV prevention for sharing knowledge, lessons learned, research in support of 3x5</p> <p>B) Participate & ensure accountability in formal groups organized to coordinate HIV prevention activities</p>	<p>A) By December 2005, a regional network is supporting 3x5</p> <p>B) By December 2005, PAHO represented in regional & national coordination groups</p>

Strategic orientation 5

Strategic information and reapplying lessons learned

STRATEGY	ACTIVITY	INDICATOR
1) Identify & define simple measurement tools	<p>A) Review inventory of existing M&E tools that may be used to monitor 3x5</p> <p>B) Link with global network on M&E to assess gaps & identify which additional tools (including data elements) may be needed for 3x5 monitoring in Americas</p> <p>C) Develop & adapt 3x5 monitoring tools for the Americas</p> <p>D) Ensure regional tools are harmonized with global level partners in M&E</p>	<p>A) Publication of summary report on existing M&E tools</p> <p>B) Meeting held with key partners & report produced</p> <p>C) Published documents</p> <p>D) Harmonized tools</p>
2) Develop/ strengthen M&E at country/regional level	<p>A) PAHO to support development of M&E implementation plans in countries participating in 3x5 initiative</p> <p>B) PAHO to coordinate & support inter-country/horizontal technical cooperation to strengthen M&E system</p> <p>C) Capacity-building of human resources with regard to M&E expertise, including NGOs</p>	<p>A) Plans are published</p> <p>B) Technical visits carried out</p> <p>C) Country team of M&E experts established for 3x5; M&E component included in care program</p>
3) Organize & disseminate best practices on M&E for 3x5 & learn by doing	<p>A) Identify countries/partners with advanced M&E plans/systems for 3x5 initiative</p> <p>B) Collate information & make it available in suitable format (such as on web or in booklet).</p>	<p>A) Countries/partners identified & listed</p> <p>B) Material published on web or as booklet</p>
4) Cooperate, communicate & advocate for use of M&E results	<p>A) Support countries to use data, information & new knowledge rapidly to improve 3x5 implementation</p> <p>B) Support countries to analyze, publish & disseminate monitoring & evaluation reports & new evidence appropriate to the end users</p>	<p>A) Regional/sub-regional workshops held</p> <p>B) Workshops held & national reports published</p>

STRATEGY	ACTIVITY	INDICATOR
	<p>C) Support countries to streamline indicators for 3 by 5 with other initiatives (Global Fund, MDGs, PANCAP Strategic Plan etc)</p> <p>D) Promote the use of indicators for ongoing feedback to governments, civil society & agencies, in order to continuously motivate players</p>	<p>C) Common indicators identified & disseminated</p> <p>D) Ongoing monitoring system in place</p>