Priority action in 2008-09 and challenges

TAC 4, October 14-16,2009

Gottfried Hirnschall

Outline

- Context – *the bigger picture*
- Our strategic priorities *(what?)*
- Implementation approaches – (*how?*)
- Our resources – human and financial (with what?)
- Challenges – *how can we address them in future?*

The context in LAC: the response

- From Universal Access to MDG
- 14% increase in #s on ART
- ART coverage: 54% in 2008 (50% in 2007) – modest increase
- PMTCT: 54% in 2008 (42% in 2007)
- 76% of treatment eligible children are receiving it (an optimistic estimate…)

The bigger picture

- HIV in context: AIDS exceptionalism is seriously questioned and will not be sustainable
- Resource flows: Funding streams balance out towards health system strengthening, maternal and child health
- Global economic crisis does affect spending in health, level of ODA, and funds available to HIV
- Difficulties in replenishment of GFATM – will affect eligibility in countries in LAC (HMIC)
- In LAC: many countries are well-resourced, yet there is still a high dependence on external funding (especially in poorest countries)

The bigger picture – Partner landscape

- ☐ New leadership in UNAIDS: the new UNAIDS outcome framework – division of labor still holds
- ☐ GFATM: towards a more rational approach (NSA) – and agenda-setting function – and technical role (?)
- ☐ Proposed new mechanisms of determining country support needs and identifying best sources (within the UN and partners) - from GIST to CoATS
- ☐ PEPFAR is expanding both programmatic and geographical scope (to include the Caribbean and Central America)
- ☐ PAHO instrumental in fostering UN coordination (RDG)
- ☐ Previous treatment activism of civil society is now shifting focus towards MARPs.

Programmatic priorities

- ☐ Strategic Information/Surveillance:
    - ■ Improve HIV Surveillance and estimates, including of MARPs. Modes of transmission studies to measure incidence.
    - ■ Monitoring of progress towards UA
- ☐ Treatment and care:
    - ■ Increase treatment of children (including early infant diagnoses)
    - ■ HIV Drug resistance
    - ■ Clinical guidelines (adult, pediatric) and training in integrated approaches (AIEPI, AIPSA)
    - ■ TB/HIV programmatic overlap
   - ■ Procurement TB/HIV programmatic overlap and Supply chain management support (Strategic Fund)

Programmatic priorities (cont.)

- ☐ Eliminination initiative for vertical transmission of HIV and congenital syphilis
  - ■ Integrated in MCH/SRH services

- ☐ Comprehensive Care for Most-at-Risk populations
  - ■ Design package (blueprint) for MSM
  - ■ Initiated planning for HIV and drug use
  - ■ Advocacy to address access barriers

- ☐ Planning of Health sector response:
  - ■ Evaluations of health sector response (Guatemala, Belize, Trinidad, Bahamas, planned Paraguay)
  - ■ Global Fund: Proposal development, grant negotiations, TS for project implementation

Implementation approaches in 08/09

- [ ] Cooperation focused on results and based on PAHO Strategic Plan
- [ ] Define clear programmatic priorities
- [ ] Strengthen our own capacity to respond (at all levels, including country)
- [ ] Decentralize resources – subregional coordination
- [ ] Strengthen interprogrammatic work at all levels
- [ ] Strengthen key partnerships

Our human resources: HIV Program - PAHO
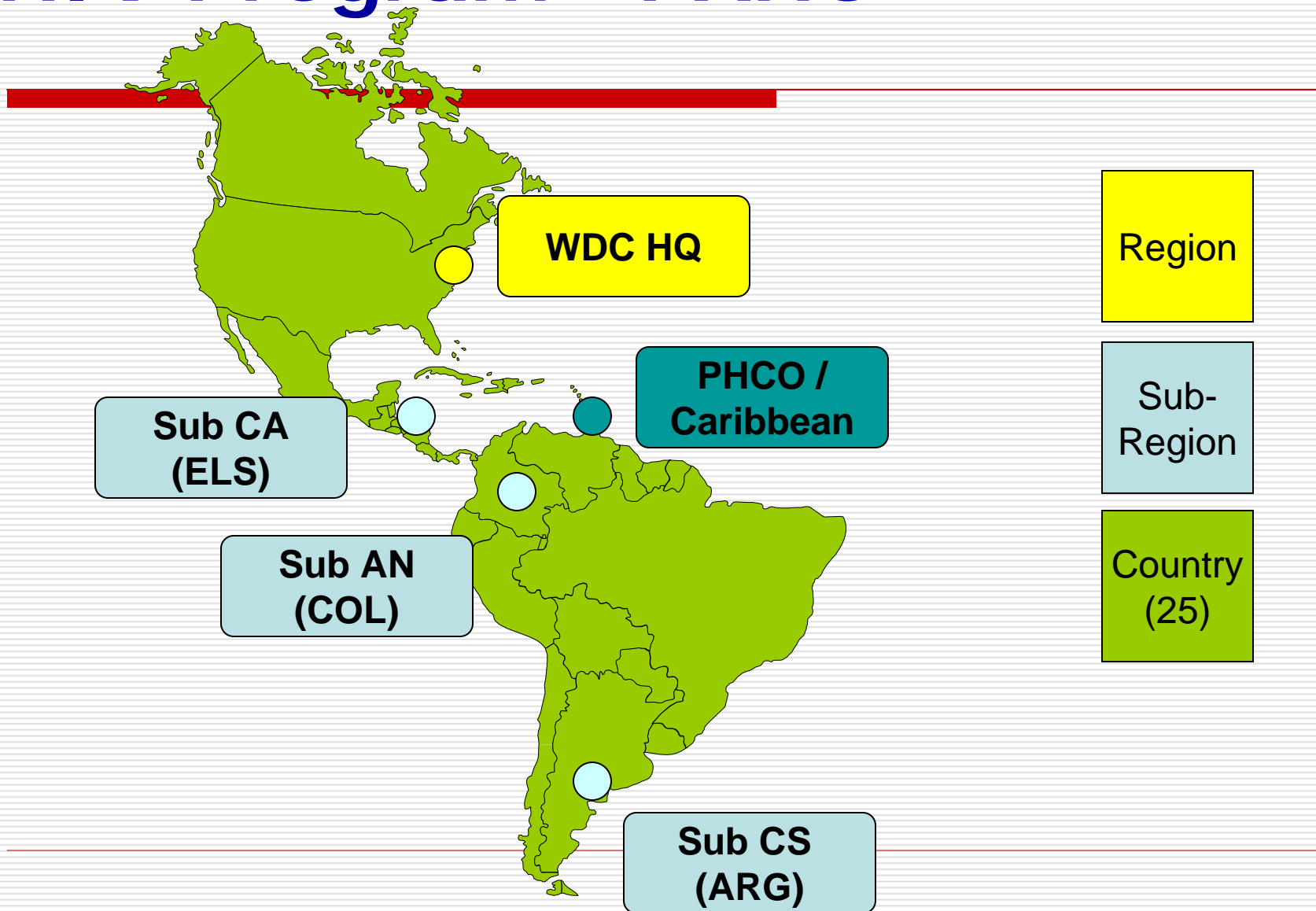
WDC HQ

Coord.
Gottfried Hirnschall

SRH & MARPs
R. Mazin

Adol. + HIV
M. Maddaleno

HIV Peds

Prev.

T+C
O. Sued

Econ. Analysis
M. Pinto

Surv.
M. Alonso

HIV/TB

M+E

Commun.
P. Lyra

Sub CA

Subreg. Advisor
M.D. Perez

Surv.
V. Mejia

Human Rights
D. Postigo

Sub AN

Subreg. Advisor
B. Gómez

Surv.
J. Jacobson

Sub CS

Subreg. Advisor
M. Vila

HIVDR
G. Ravasi (BRA)

PHCO / Caribbean

Coord.
A. Del Riego

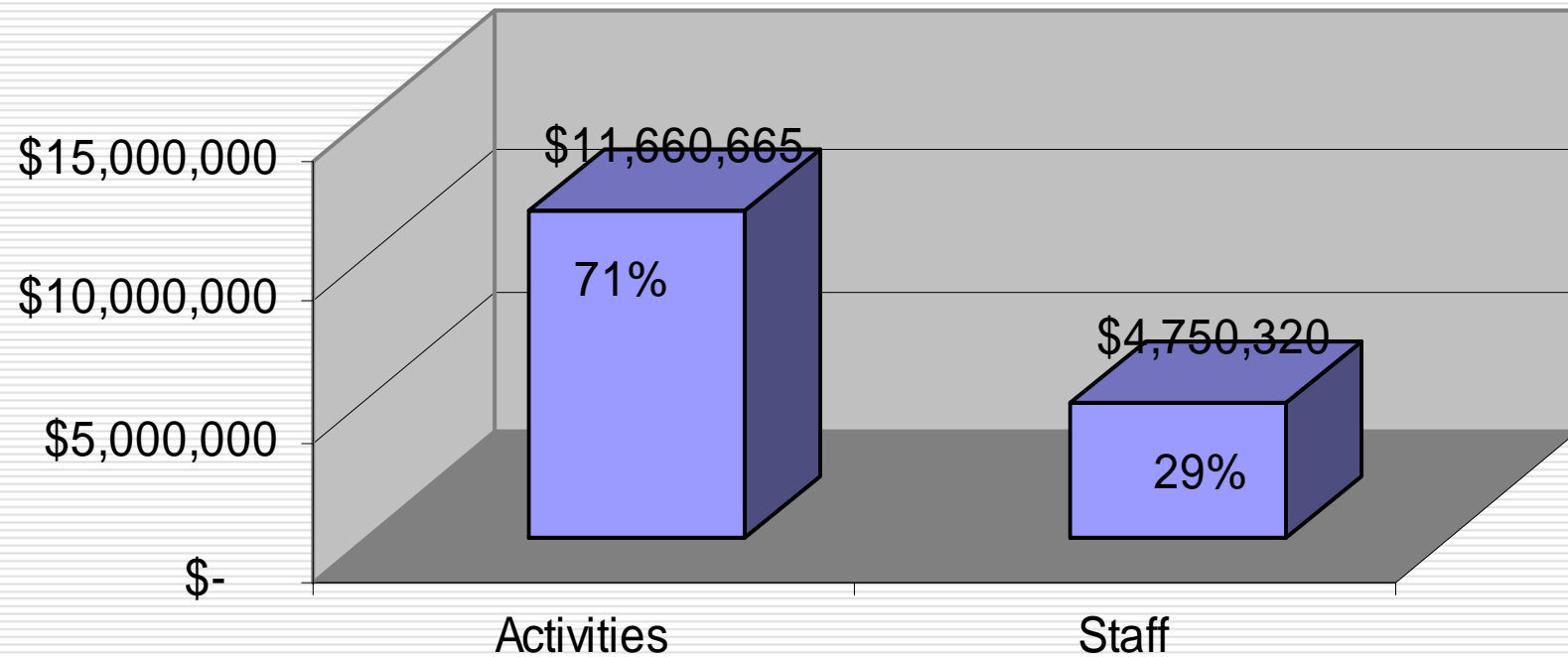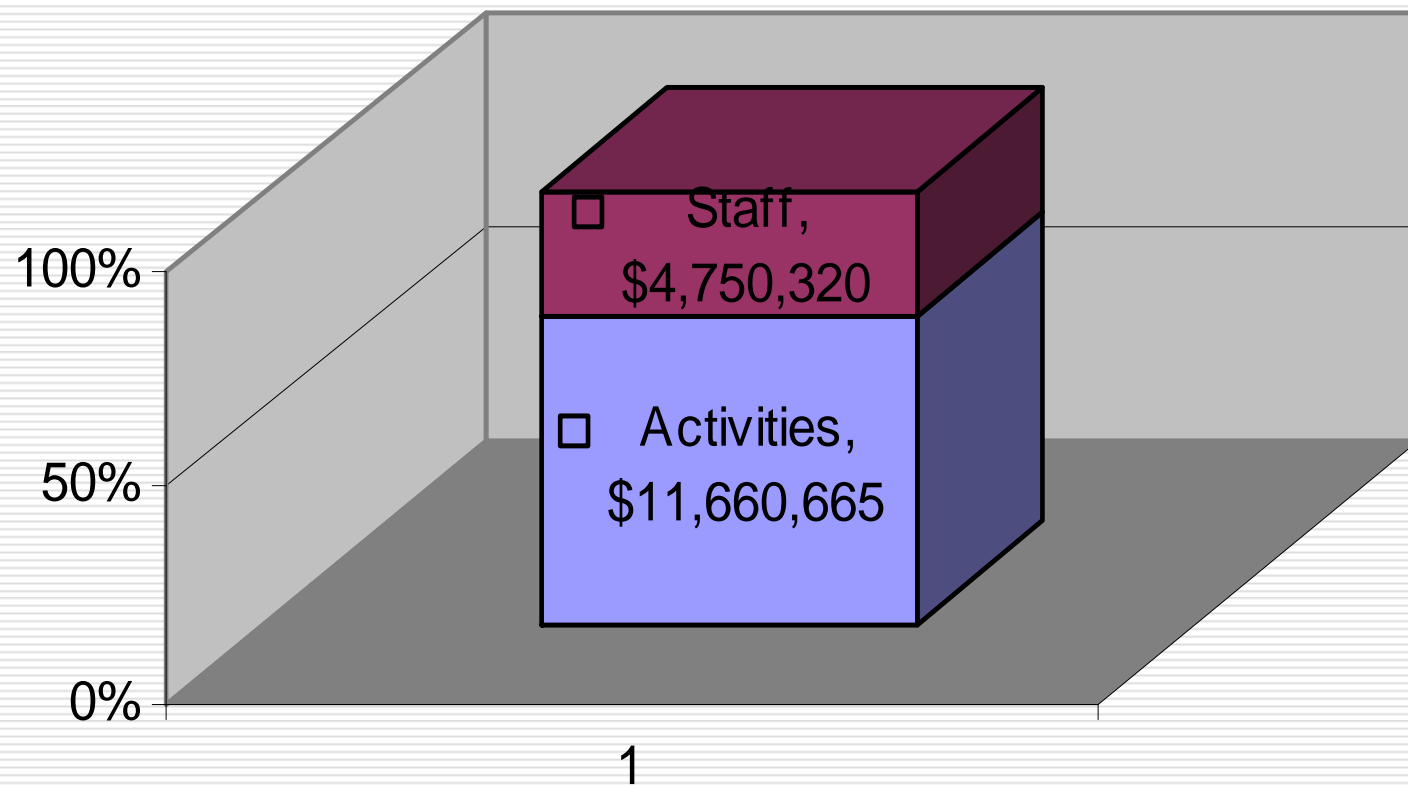**Prev.**
S. Caffe

Strategic Plan.
L. Villa

T+C
N. Jack

CLAP

B. de Mucio, R. Fescina, …

Our financial resources

Comparison Staff vs. Activity Cost '08-'09

- $11,660,665 — 71% — Activities
- $4,750,320 — 29% — Staff

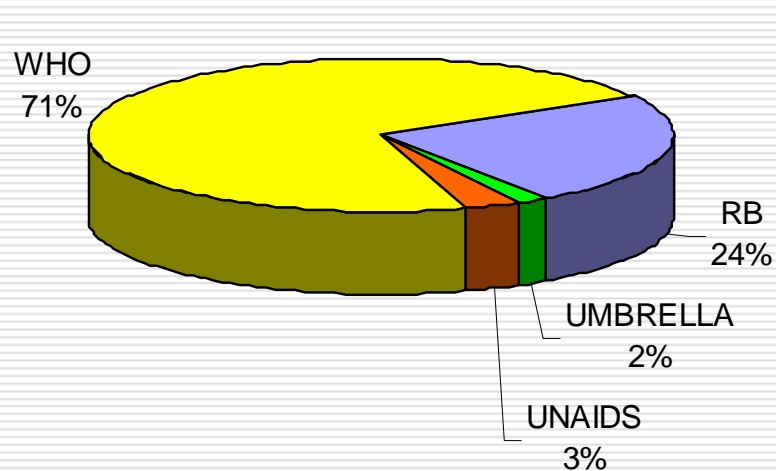Axis: $15,000,000 / $10,000,000 / $5,000,000 / $-

Comparison of Cost of Activities vs. Staff '08-09

Source of funding...

for Staff

for Activities

ASSIGNED 2008-09

$11,660,665*

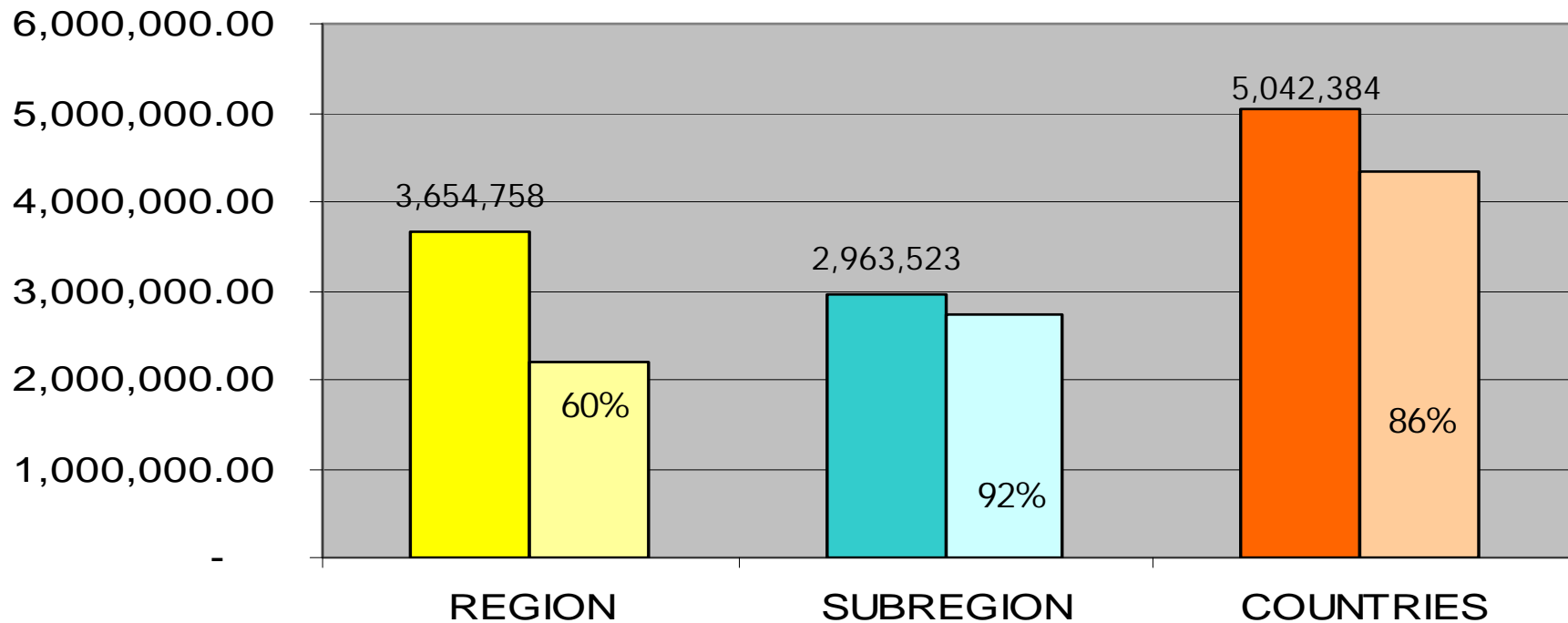|	
REGION	$3.6M — 31%
SUBREGION	$2.9M* — 25%
COUNTRIES	$5 M — 43%
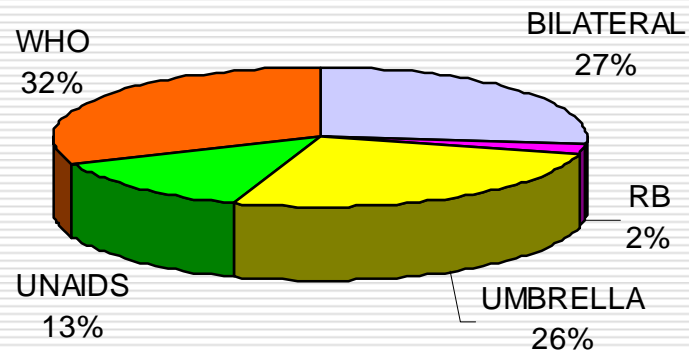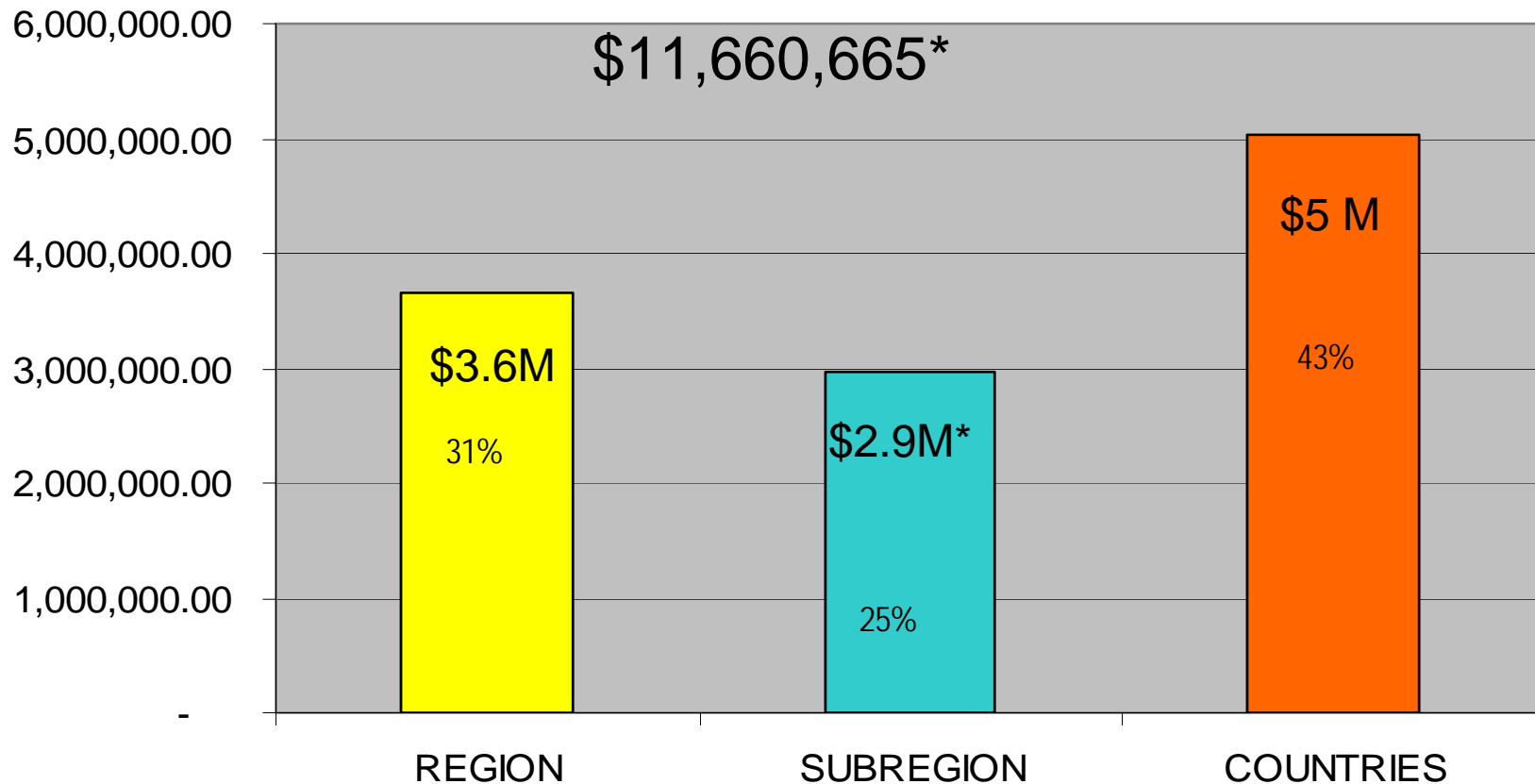
* $600,000 more will be assigned to HCO in the upcoming months

EXECUTED as of 9 October '09

$9,294,000 executed, equivalent to 80% from the total assigned amount

What have we achieved?

- ☐ Greater visibility in the partner environment (e.g. chairing the RDG group, active participation in GFATM-related coordination, planning for Regional conference, Mercosur indicator harmonization effort, civil society relationships)

- ☐ Greater convergence towards internal priorities (also aligned to DOL);

- ☐ Leadership in normative work (e.g. PMTCT guidelines, AIEPI, IMAI, MARP database, MSM blueprint)

- ☐ Moved forward in important strategic/programmatic areas (e.g. Elimination Initiative, Comprehensive Sexuality Education, HIVDR, Surveillance, SRH strategy)

What have we achieved? (cont.)

- **Internal:** Improved coordination around priorities (across working levels, and with other groups) – examples: Human Rights, Gender, health analysis, TB
- **Staffing:** recruited staff in priority areas at HQ (surveillance, Treatment and Care), and increased the number of country focal points;
- Important role at the Subregional level, and leadership in Subregional processes
  - CRSF in the Caribbean
  - Andean plan and M&E Framework
  - CA: strong role in the RCM
  - Mercosur: indicator harmonization
- **Country implementation:** strengthened PAHO's role and presence, provided technical support and leadership (a range of different experiences)

What have we achieved?

- ☐ Attracted resources from various sources (Unaids, WHO, umbrella grants, other grants)
- ☐ high execution rates

Issues and Challenges

- ☐ Demands are high, capacity requires further enhancement
  - Certain critical areas are not covered technically (e.g. harm reduction in IDU's) – positions have been frozen
- ☐ Internal resource context has become increasingly competitive (e.g. CIDA, Spain, WHO);
- ☐ Maintaining focus in a complex and demanding environment
- ☐ Internal consistency: are countries sufficiently aligned to achieve RERs and focus on priority areas?
- ☐ Clarity and concensus with partners – leading in some areas, partnering in others
- ☐ Integrating and mainstreaming, while ensuring quality and maintaining programmatic focus
- ☐ Measuring impact, and attributibility of our work in countries

Questions to the TAC?

- **Prioritization** -do you agree with our strategic priorities for 08/09 ? Did we / are we missing something important? (in light of resource constraints)
- Delivery approaches - how can we make **Technical support** at country level **most relevant and effective**?
- Strategic positioning – what should **we** focus on given the **partner landscape/priorities** ?
- How best can we **integrate** into existing services, while **ensuring quality and specificity** ? Contextualize HIV as chronic disease? (Exceptionalism vs mainstreaming, where should we settle on the continuum?)
- Resource scenario – how can we make **best use of existing resources?** And how can we best mobilize additional resources?
- Where should we go from here? What should be **absolute priorities and focus for 2010/11**? (non-negotiables..)

Thank you!

For PTS II (next six months)

- ☐ Maintain our priority areas, and focus on what is most essential (and affordable) within each;

- ☐ Maintain staffing, and do not recruit additional staff (hiring freeze)

- ☐ Identify focus countries (do not treat all countries as equals);

- ☐ Work with countries to identify resources at the country level; and,

- ☐ Scale up resource mobilization activities.

Looking beyond 2009: The bigger picture – within WHO

- shifting priorities towards PHC and HSS: need to decide how we can best position HIV in this context
- less visibility for HIV during World Health Assembly and EB
- WHO's policy changes in resource channeling
- new Director of the HIV Department.

Looking beyond 2009 – strategic directions and approaches

Looking beyond 2009 – strategic Directions and approaches

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The bigger picture – Programmatic Shifts

- ☐ Progress in science with programmatic implications (failure in vaccines research, PREP, microbicides, ART for HIV prevention, early start of treatment, more efficacious drugs, use of ARV during breastfeeding);

- ☐ Prevention scale up is essential, but PAHO needs to also keep momentum in treatment-related issues;

- ☐ Treatment guidelines are under revision: early treatment initiation will have major resource and health system implications;

- ☐ Globally, and in LAC, there is greater and clearer emphasis on MARPs.

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How should we respond to these changes?

- **Re-examine our priorities and focus** (what is most needed, and what is feasible) for Universal Access towards achieving the MDGs.
- **Identify** the most important and central key functions to achieve;
- **Contextualize HIV** (communicable and chronic disease, SRH, PHC, etc.);
- **Ensure optimal integration and functional linkages** (within FCH, HSS, and other projects);
- **Focus on priority countries** for HIV;
- **Identify resources** at all levels (including at the country level); and,
- **Consider workforce adjustments**, as part of contingency planning, and more optimal use of existing staff resources (e.g, FCH staff in countries,…).. or.. negotiate funding to pay salaries and technical support
- Different approaches to TS provision – knowledge hubs, S to S

Strategic priorities for 2010/11

- ☐ Treatment scale up (technical issues, guideline revision, programmatic implications)
- ☐ Comprehensive services to MARPs (through health sector, functional linkages to other sectors
- ☐ Strengthen