
Looking beyond 2009 – strategic Directions and approaches

TAC 4, October 14-16, 2009

Gottfried Hirnschall

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 (underlying social determinants and vulnerabilities require diversification within groups..)
-

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 consensus with partners – leading in some areas, partnering in others
 - ❑ Integrating and mainstreaming, while ensuring quality and maintaining programmatic focus
 - ❑ Measuring impact, and attributability of our work in countries
-

How should we respond to these challenges and changes?

- ❑ **Re-examine our priorities and focus** (what is most needed, and what is feasible) for Universal Access towards achieving the MDGs.
 - ❑ Focus on **updating normative guidance** and **primarily technical support** and **capacity building**
 - ❑ **Contextualize HIV** (communicable and chronic disease, SRH, PHC, etc.);
 - ❑ **Identify what is specific to HIV**
 - ❑ **Ensure optimal integration and functional linkages** (within FCH, HSS, and other projects);
-

How should we respond (contd.)

- ❑ **Focus on priority countries** for HIV (burden, transmission patterns, status of health system)
 - ❑ **Identify resources** at all levels (including at the country level)
 - ❑ Work with **Knowledge hubs/centers of excellence** in key programme areas, foster StoS collaboration
 - ❑ **Consider workforce adjustments:** a) contingency planning b) more optimal use of existing staff resources (e.g, FCH staff in countries,...), c) negotiate funding to pay salaries and technical support
 - ❑ **Strategic partnerships**
-

Strategic priorities for 2010/11

1. Strategic Information: focus on

- Surveillance (including MARPs)
- Measuring incidence
- Monitoring progress towards UA indicators
- Strengthening analysis and application (both at regional and country level)

2. Treatment scale up:

- Testing and counselling (focus on provider-initiated)
 - Guideline revision / including quality standards
 - HIVDR and Pharmacovigilance
 - Procurement and Supply chain management support
 - Demand forecasting
 - Monitoring Price (both 1st and 2nd line) and assist in application of TRIPs
-

Strategic priorities for 10/11

3. Scaling up Comprehensive services to MARPs

- Advocacy
 - Overcome S/D in the health sector
 - Define service needs and packages (including prevention)
 - Define service delivery models

 - Focus on MSM, TG, SW, Drug users (taking account of underlying vulnerabilities, including youth, mobility, etc.)
-

Strategic priorities for 10/11

4. Elimination Initiative – vertical transmission
 5. Integration of HIV in primary care/ decentralised service delivery models – integrated capacity building (both pre- and inservice)
 6. Health sector planning: evaluation – planning/replanning
-