

HOW IS CARE AND SUPPORT BEING ADDRESSED IN THE GLOBAL AIDS RESPONSES?

1. Policy and strategy

Many bi-and multilateral agencies are in the process of developing new five year HIV strategies to respond to the changing environment. A number of common themes are emerging that provide positive directions for care and support (**Box 5**).

Box 1: New directions in the Global AIDS Response: Common themes from agency strategies

- The need to take “HIV out of isolation”: a notable shift from an emergency response towards a sustainable HIV response embedded in societies and communities and in need of long term sustainable support
Growing emphasis on addressing the needs of people living with and affected by HIV more holistically and on building strong social protection mechanisms.
- Greater attention to efficiency and effectiveness with a corresponding need to develop innovative and sustainable decentralised service delivery models
- Renewed calls for “Know Your Epidemic/Know Your Response”. Implicit in this slogan is the need for more careful targeting of resources and strategies particularly for scaling up comprehensive prevention, treatment, care and support services for marginalised and most at risk groups
- Maximise benefits of HIV resources by linking them with broader health and development issues particularly those relevant to women and children (MDG 4 & 5)

UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is an innovative partnership of ten United Nations Cosponsors and the UNAIDS Secretariat. UNAIDS’ strength derives from the diverse expertise, experience and mandate of its Cosponsors and the added value of the Secretariat in leadership and advocacy, coordination and joint accountability. UNAIDS’ mission is to lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support. This text box describes the leadership, advocacy and coordination functions of the UNAIDS Secretariat, since programmatic functions are largely carried out by UNAIDS Cosponsoring organizations, whose inputs appear in the boxes below.

In response to the recommendations of the Second Independent Evaluation (SIE) of UNAIDS in 2009, including a recommendation to be more “focused, strategic, flexible, efficient and accountable:” A new vision and mission was agreed by the programme coordinating board in June 2010. “**Zero new infections, Zero discrimination, Zero AIDS related deaths.**” In order to support the focus of its three strategic directions, a number of documents have been developed. These include a Strategic Plan, a Partnerships Strategy, a Resource Mobilization Strategy and Action Plan and a Technical Support Strategy.

The Draft Strategic Plan prioritizes action under three main areas:

- Revolutionize HIV prevention
- Catalyze the next phase of treatment, care and support
- Put human rights and gender equality to work for HIV

Each of these areas contains key elements of policy, strategy and programmatic action that directly relate to the different elements of care and support. Within the UNAIDS Outcome Framework, Care and Support falls within the priority action area of Social Protection.

Revolutionize HIV prevention

Within this revolutionized prevention agenda, in 2009 UNAIDS and the Global Network of People Living with HIV collaborated to develop a policy framework for Positive Health, Dignity and Prevention¹. This highlights the importance of placing the person living with HIV at the centre of managing their health and wellbeing. Among other things, the framework goes beyond the much more limited concept of “positive prevention” which focuses only on people living with HIV “preventing” the transmission of HIV.

In contrast, Positive Health, Dignity and Prevention stresses the importance of addressing prevention and treatment simultaneously and holistically. It also emphasizes the leadership of people living with HIV in responding to policy and legal barriers within the socio-cultural and legal context in which they live and in driving the agenda forward toward better health, security and dignity. This paradigm shift towards Positive Health, Dignity and Prevention builds a strong environment in which people living with HIV are empowered to access voluntary counseling and testing, HIV prevention information and services, and Care and Support.

Catalyze the next phase of treatment, care and support

UNAIDS aims to support the development of more effective, ethical, affordable and sustainable approaches to treatment including its delivery and to scale up HIV counseling, testing and treatment access and coverage. UNAIDS will also support community mobilization to demand and deliver services, strengthen legal and social protection for people living with and affected by HIV and improve the reach, quality and affordability of care and support services.

Treatment 2.0 is a new initiative to increase access to a radically simplified treatment platform: Drug regimens that are easier to use, less toxic, and more resilient will allow for expansion of community-based service delivery, in coordination with national health systems, which are less dependent on more expensive, specialized health care delivery approaches.

Community-based mobilization and services can be expanded to respond to the opportunities of earlier use of ARV drugs for treatment and prevention.

Within this framework, UNAIDS will commission research and support programmatic action in a number of areas: to improve integration of HIV testing, prevention, treatment, care and support services to maximize the impact of ART as both a treatment and prevention intervention through community mobilization; to provide HIV testing, prevention, treatment, care and support services within a framework to protect human rights; and to strengthen community-based advocacy and monitoring to ensure sustainable access to high-quality, comprehensive and equitable HIV testing, prevention, treatment, care and support services.

UNAIDS will develop a coherent approach to these areas of work to maximize the synergies, identify and support programmatic action at country level that will strengthen the community and social systems which predominantly carry the burden of care, as well as action to maximize the linkages between health and community systems strengthening.

With the **UNAIDS Outcome Framework** care and support falls under the Social Protection action area. The UNAIDS Secretariat has convened the Interagency Working Group to develop the Business Case and identify bold results² for intensified country action, recently handing over the convening role for ongoing action to UNICEF and the World Bank. In the area of Care and Support, financial protection - including predictable social transfers - is critical for carers and households, the

¹ http://data.unaids.org/pub/Report/2009/20091128_phdp_mr_lr_en.pdf

² Bold Results for Social protection

- Social transfers (cash, food, in-kind) embedded in national social protection programmes are established and made HIV sensitive in eight out of ten high-prevalence countries
- Three out of six countries review their national social protection services and social health protection approaches to enhance access to HIV prevention, treatment and care services.
- Three out of six countries increase access of people and households affected by HIV to care, protection and support.
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majority of which receive little or no external support for care giving. Ministries of social welfare, communities, and families must all be strengthened through increases in human resource capacities, supportive policies, legislation and regulation. Doing so will provide a protective environment and improve the reach, quality and affordability of care and support services. UNAIDS will support intensified action in priority countries to increase access of people and households affected by HIV to care, protection and support

UNICEF

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF is guided by the Convention on the Rights of the Child and strives to establish children's rights as enduring ethical principles and international standards of behavior towards children. UNICEF insists that the survival, protection and development of children are universal development imperatives that are integral to human progress.

One of UNICEF's focus areas reflected in its Medium Term Strategic Plan is on HIV/AIDS and children. UNICEF focuses on HIV prevention, treatment, care and protection, extending from pregnancy through to infancy, youth, and adolescents and include support for mothers, fathers and children. The care and support agenda cross cuts all of these areas but the children affected by AIDS area is the one that deals with the non-clinical aspects of care and support and HIV impact mitigation.

See more on UNICEF HIV/AIDS programmes at: <http://www.unicef.org/aids/index.html>

The "Unite for Children, Unite against AIDS" campaign – sets out the main thrust of UNICEF's HIV response. There are four strategic areas of activities: PMTCT; paediatric treatment; preventing infection in youth and adolescents; protecting and supporting children affected by HIV.

The Framework for the Protection, Care and Support of orphans and OVC living in world with HIV (2004) - http://www.unicef.org/aids/files/Framework_English.pdf, sets out key care and support strategies for care, protection and support of orphans and vulnerable children. In 2007 a companion paper *Enhanced Protection for children Affected by AIDS* was published by UNICEF. This paper, like the Framework document, was developed through an inter-agency reference group.

UNICEF in collaboration with the Inter-Agency Task Team on Children and AIDs are presently developing evidence-based guidance aligned to the strategies of the original Framework document. This new guidance for country level responses for the care protection and support of OVC will reflect new evidence and best practice (forthcoming 2011)

UNICEF's present response to children and AIDS reflects growing evidence around the importance of child sensitive social protection. Evidence on this, including from the Joint Learning Initiative on Children and AIDS, was presented at the 2008 Global Partners' Forum. In 2009 UNICEF published a statement on Child Sensitive Social Protection Statement: http://www.unicef.org/aids/files/CSSP_joint_statement_10.16.09.pdf which has been endorsed by a number of bilateral, multilateral agencies and civil society partners.

Whilst UNICEF's focus is on children, many of the approaches are based on supporting vulnerable families and communities affected by HIV and AIDS thus have broader relevance for work on HIV care and support.

WHO

WHO leads the health sector response within the UNAIDS family. The health sector is at the core of a multisectoral response to HIV. WHO is undergoing a "strategic realignment" of its HIV Department in response to the evolving epidemic dynamics, the changing political and financial environment and new evidence on the effectiveness of HIV interventions and approaches.

WHO's *Global Health Sector Strategy for HIV 2011-2015* which is being developed and the *UNAIDS Strategic Plan 2011-2015* were developed simultaneously and in close consultation to ensure full alignment.

The World Health Organization (WHO) defines palliative care as: “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO, 2002). This definition is at the core of the broad HIV interventions of prevention, care including treatment and support. This is WHO's core business and mandate in the health sector.

The 5 year strategy has identified specific goals and 2015 targets within the context of achieving Universal Access to HIV prevention, treatment and care (reduction of new HIV infections; elimination of HIV infection in children; reduction of HIV-related mortality and reduction of tuberculosis-related mortality) Care and support is core to patients is core to these goals .

The 5 year strategy has 4 strategic directions and the first one is to optimize HIV prevention, diagnosis, treatment and care outcomes. This encompasses the broad WHO definition of care with the aim to improve the quality, effectiveness and coverage of HIV interventions and approaches, and to identify new HIV interventions. The other strategic directions which are to: Leverage broader health outcomes through HIV responses; build strong and sustainable systems and reduce vulnerability and structural barriers to accessing quality services all contribute to improving the quality of life of the patients and their families. These four strategic directions guide and align global, national and WHO responses towards achieving the global goals stated in the 5 year strategy.

The WHO HIV publication ' Priority interventions: HIV/AIDS prevention, treatment and care in the health sector describes the tools for priority interventions designed to help countries, donors and other stakeholders expand and improve their response for HIV management which includes care and support.

(<http://www.who.int/hiv/pub/priorityinterventions/en/index.html>)

The WHO Integrated management of Adolescent and Adult Illness (IMAI) and Integrated management of Childhood Illness tools produce standardised, simplified tools that integrate Palliative Care in all its tools besides specifically having a Palliative Care guideline module and patient and community tools to implement palliative care.

These tools have guidelines and operational tools on creating a supportive environment of HIV responses, addressing stigma and discrimination by involving PLHIV in training of health workers and on the HIV care teams at the health facility and the community. The tools also address the strengthening of linkages and integration with other health programmes and services including community linkages and support. The IMAI Palliative care guideline module addresses the care for health workers. (<http://www.who.int/hiv/capacity/>)

The HIV department and other WHO departments address the strengthening of health systems.

World Bank

The 2005-2008 Global HIV/AIDS Program of Action still appearing as the main strategy document on website but consultations have been ongoing to reposition AIDS in the World Bank to improve their engagement, positioning and impact.

Previous and current analyses of World Bank policy documents including the Global HIV/AIDS Program of Action and regional strategy documents indicate that the provision of care continues to remain situated within the broader context of prevention and treatment. In view of the rapid expansion of the funding provided by the Global Fund and PEPFAR, Bank's policy is to provide funding to cover the areas that are left unfunded and are crucial to a successful AIDS response.

The draft paper on future repositioning of HIV/AIDS identifies four priority areas; 1) sustaining and intensifying the focus on prevention; 2) integrating clinical and health related HIV services into health systems; 3) strengthening social protection services to mitigate the impact of HIV on vulnerable communities; and 4) improving programme efficiency through rigorous analysis.

Social Protection is one of the four pillars in the World Bank's AIDS strategy and a major sector within the World Bank with oversight in several areas, including safety nets & transfers, labour markets, pensions, and disability.

Program evaluations of the World Bank MAP program indicate that it supported and promoted school attendance for orphans and vulnerable children (OVCs), increased access to good quality psychosocial support for affected households and children and contributed to sustainable community level care.

The Global Fund

The Global Fund is a financing institution that raises and disburses funds specifically for AIDS, tuberculosis and malaria. It is not a technical agency; it relies on the technical partner agencies to provide technical guidance to countries. Disbursements are performance based against progress made in implementing approved proposals. The Global Fund is developing its funding channels and strategies to better suit different contexts in line with the Paris Declaration of Aid Effectiveness. The launch of the Second Wave of National Strategy Applications whereby countries can submit national disease strategies for funding instead of specifically devised Global Fund proposals is an example of this.

The Global Fund model is demand-driven and country-owned: it funds proposals that derive from national strategic priorities. The proposal development process is required to have multistakeholder involvement which should lead to comprehensive proposals. In practice country demand has focused on scaling up prevention and treatment interventions largely reflecting efforts to meet Universal Access.

Definitions of care and support are context-driven, No universal definition of comprehensive care and support is provided in guidance to applicants. Care and support is reported separately from prevention and treatment.

Discussion of care and support (in whatever form) is limited and is mainly in the context of support to OVCs (e.g. Technical Guidance Toolkit prepared by UNAIDS/WHO for Round Ten includes guidance on nutrition and OVCs under the category "care and support"). Countries are able to include programmes to reduce discrimination, human rights abuses and increase access to justice. A number of fact sheets are under revision, including one focusing on strengthening the social, legal and policy environment of national responses.

Separate performance indicators exist for treatment, prevention (which include elements of comprehensive care such as VCT, STIs treated, community outreach) and care and support (services for OVCs and vulnerable children). Results reporting is dispersed to a range of indicators. For example, since 2002 4.5m basic care and support services to OVCs have been provided. In addition, another category of results "care and support services provided" indicates 7.8 million have been reached/provided but there is little explanation or definition of any of these services.

Not explicitly classified in reporting as care and support activities can be included in health systems strengthening, community systems strengthening as well as care and support service delivery areas in Global Fund classification. Health System funds can support home based services such as ART adherence and dispensing of ART (Malawi) and CSS grants are being used in Cambodia to support capacity building for local organisations involved in home based care and OVCs.

DFID

The UK Coalition Government has made improving the health of poor people in developing countries - including curbing the spread of HIV and AIDS, TB and malaria top priorities. Women and children's health is also a top priority for the Coalition and we recognise that in high HIV prevalent areas, AIDS is a significant contributor to maternal and child mortality.

DFID is currently reviewing its aid programme to determine how we can achieve better value for money for the taxpayer and accelerate progress towards all the MDGs. We will review our forward approach to HIV and AIDS once we have findings from the bilateral and multilateral aid reviews.

UNAIDS

In May, 2010, The Global Fund issued its first in-depth guide to Community Systems Strengthening (CSS) in the context of Global Fund programming. The Community Systems Strengthening Framework³ was released to coincide with the launch of Round 10 of funding—and includes a strong recommendation that applicants include CSS “routinely in proposals, wherever relevant for improving health outcomes.” Building upon the information provided in the Global Fund’s CSS Framework, UNAIDS developed a guidance tool for including CSS in Global Fund Proposals⁴. This was developed in partnership with the Global Fund and a range of civil society partners. It provides practical guidance on developing CSS activities for Global Fund proposals, advocating for its inclusion in national and regional proposals, as well as suggesting ways to more effectively implementing CSS. The framework and the guide aim to encourage new funding channels to increase the capacity of communities to participate in the design, delivery, monitoring and evaluation of initiatives to improve health outcomes.

UNICEF

UNICEF is directly supporting care, protection and support for children affected by AIDS in over 20 countries in sub-Saharan Africa alone. This includes the 9 country Children and AIDS Regional Initiative funded by DFID and Ausaid.

By supporting national vulnerability assessments, National Plans of Action for OVC and strengthening national M and E systems, UNICEF is supporting country led responses for care, protection and support of OVC in line with the ‘Three One’s’.

Through the inter-agency convening work,(described below) UNICEF is also promoting evidence based approaches to children affected by AIDS

In 2010 UNICEF along with the UK NGO Consortium on HIV/AIDS has been leading a process to review and refine global care and support indicators to ensure we can demonstrate global progress in this area. In addition UNICEF is presently updating indicators for OVC care and support

WHO

As stated in the Five Year Strategic Plan, each biennial Programme Budget sets out the scope of WHO work and its expected achievements for the corresponding two years. Each strategic objective has a set of organization-wide expected results with indicators, targets and resource requirements. Workplan implementation is monitored through a mid-term review at the end of the first year of each biennium and progress towards the achievement of the organization-wide expected results is reported at the end of each biennium.

World Bank

During the last two decades, \$4.5 billion were devoted to HIV prevention, treatment and care. Between 2001 and 2010, the Africa MAP lent almost \$1.9 billion. In Africa, Bank projects have a strong focus on prevention and capacity building, and channel money (38% of Africa MAP funds) to communities for grassroots actions crucial for reducing stigma, changing behaviors and social norms to prevent infection, and caring for people, families and communities infected and affected by HIV. Elsewhere, long-term funding has supported sustained, successful national programs and bold evidence-based program decisions.

The Global Fund

Cumulative expenditure by service delivery area for HIV/AIDS until end 2008 is: prevention (30%), treatment (27%), care and support (10%), supportive environment (including addressing stigma)

³ http://www.theglobalfund.org/documents/civilsociety/CSS_Framework.pdf

⁴ http://data.unaids.org/pub/BaseDocument/2010/201007_unaids-css_en.pdf

(16%), health systems strengthening (16%) and collaborative HIV/TB (1%). No further breakdown of expenditure is available from documents reviewed. Overall, the Global Fund is experiencing a short fall in funds required to support existing and future grants. The October 2010 pledging conference set a target of between \$13-\$20bn and received pledges of \$11.7bn. Deceleration of scale up is expected.

Recommendations

- 1/ Commitment by donors and national governments to Universal Access to HIV prevention, treatment, care and support through the provision of long term, predictable financing
- 2/ Donors and national governments to fund health systems, to ensure integrated services are adequately supported (staff, supplies etc.)
- 3/ Donors and national governments to recognise the importance of the role and contribution of carers and care work alongside intensified prevention and treatment scale up, and the need to continue funding community based care and support.
- 4/ Support process to make national funding architecture “work” for care and support, for example, through the Global Fund so community systems strengthening funding streams and National Strategy Applications can open up opportunities for comprehensive care and support
- 5/ Key agencies to accelerate the harmonisation and alignment of their support more fully with country priorities and with other development partners

3 Coordination

UNAIDS

The 2005 Division of Labour (DOL) identified lead agencies on “treatment, care and support” as WHO, UNICEF, WFP. The restructuring of the new DOL (2010) into priority areas will identify cluster leads for the major work areas. That said, all agencies are involved in some area of Care and Support. The UNAIDS Secretariat has a focal point for Care and Support within the Civil Society Partnership unit. A working group - including professional staff from the Programme and Partnerships departments working on treatment 2.0, PMTCT, social protection and children’s issues - carries the Care and Support agenda forward.

In 2010 UNAIDS launched the UNAIDS Strategic Framework for engagement of FBOs in the response to HIV.⁵ This framework provides detailed guidance on partnership action and outcomes on Care and Support with religious leaders, service providers and local communities.

UNICEF

UNICEF has been the convener and sole secretariat for the global Inter-Agency Task Team on Children affected by HIV and AIDS since 2001. The IATT currently brings together approximately 50 members from civil society, UN, donor agencies and academic institutions to define policy and strategies, document and collect evidence and advocate for response to children affected by HIV and AIDS - - <http://www.iattcaba.org>. UNICEF also co-leads the HIV and social protection Priority Area Working group (along with the World Bank).

UNICEF has programme staff based in 190 countries worldwide, specific staff on OVC in HQ, eastern and southern Africa regional office and West and Central Africa regional office UNAIDS Division of Labour puts UNICEF as lead agency for OVC care. Co-lead on social protection as and HIV/AIDS response and co-lead with WHO on PMTCT, co-lead with UNFPA & UNESCO on protecting young people from HIV.

⁵ http://data.unaids.org/pub/BaseDocument/2009/jc1786partnershipwithfaithbasedorganizations_en.pdf

WHO

The Department of HIV provides leadership, coordination and oversight of HIV activities across WHO headquarters' 30 departments that have HIV activities. This interdepartmental collaboration galvanises the depth of expertise and resources in HIV related health areas.

World Bank

The Bank is a co-sponsor of UNAIDS. In that context, it is involved in coordinating the HIV/AIDS response of the co-sponsors and it is one of the lead agencies responsible for social protection within the agreed division of labour among UNAIDS co-sponsors.

The Global Fund

Experts on the existing Technical Review Panel include one expert with notable care and support experience. Recent scorecard for review of next batch of experts includes one criteria of experience “diagnosis, treatment, care and support”. CCMs at country level should provide opportunities to include representatives from care communities but this depends very much on the country context, composition and workings of the CCM and capacity of care organisations to advocate for comprehensive care and support.

4 Research and impact evaluation

A literature review of cost effectiveness studies of HIV/AIDS interventions demonstrates that there has been a substantial growth of studies in some of the areas of care and support interventions e.g. VCT and the cost effectiveness of early or late initiation of ART (the literature review includes clinical treatment in its definition of care) but on the whole there are significant evidence gaps in terms of the geographical breadth of studies, depth of data for specific interventions and the impact of economies of scale for specific interventionsⁱ.

Studies are emerging on the costs of home-based care programmesⁱⁱ ⁱⁱⁱ and the feasibility of integrating services such as HIV/TB (including symptom management, palliative care and home-based care) to provide a package of care for people living with HIV^{iv}. However, developing a body of cost-effectiveness data for care and support interventions that support early diagnosis of infection, treatment adherence, opportunistic infection prophylaxis and treatment, provision of pain relief, evaluation of anti-retroviral treatment and counselling for “prevention of positives” is still required.

UNICEF

UNICEF has supported a number of research initiatives and impact evaluations on OVC and child sensitive social protection including:

- Evaluation of the Kenya OVC cash transfer programme 2007-2009
- Impact assessment of Programme of Support Zimbabwe (2010)
- Enhancing Social Protection for HIV prevention, treatment, care and support – The state of the evidence (UNAIDS, UNICEF & IDS 2010)
- Who is the vulnerable child? Using survey data to identify children at risk in the era of HIV and AIDS (Akwara et al. 2010)
- Documenting child sensitive social protection in eastern and southern Africa (ongoing)
- Towards improving practices of financial mechanisms providing resources to community-based organisations supporting the care and protection of children affected by HIV and AIDS – lessons from Burkina Faso, Malawi and Uganda (IATT 2010 – forthcoming)

WHO

As indicated in the Five Year Strategic Plan, at the global level, regular reviews are planned to assess progress towards the time-bound commitments made and targets set in the context of the *Declaration of Commitment on HIV/AIDS*, the *Political Declaration on HIV/AIDS* and the Millennium Development Goals. These reviews build on the data received from countries through the UNGASS reporting framework and other monitoring and evaluation mechanisms.

World Bank

The World Bank is implementing a major research program focused on HIV/AIDS intervention. The overarching objective is to support countries with evidence building to develop more prioritized evidence-informed HIV responses. Areas of focus include: economic analyses to improve the efficiency and effectiveness of HIV prevention responses; developing global syntheses of major transmission dynamics; providing expertise in financing & sustainability; assisting countries to protect, prioritize and derive maximum benefit from their HIV prevention investments; analyzing the impact of social safety nets; and carrying out large scale impact evaluation studies of HIV/AIDS interventions, including a multi-country impact evaluation of the community response to HIV/AIDS.

The Global Fund

According to the Global Fund model the Technical Review Panel approves proposals with interventions of proven effectiveness. Care and Support activities are usually part of a larger program and impact indicators on HIV programs look at impact of the overall approach rather than specific interventions. The Global Fund does not do specific impact evaluation of the care and support activities of programs.

The Global Fund is currently revising its evaluation strategy. Specific thematic areas such as care and support across the portfolio are possible to be targeted with specific evaluations. No such evaluation has been conducted to date.

Recommendations

There is growing consensus, especially for generalized epidemics, that a comprehensive package of interventions is needed for an adequate response. Developing evidence about the cost effectiveness of different combinations of interventions and comprehensive packages is a major research gap and opportunity for future responses.

1/ Support the development of a stronger evidence base at national level that makes a robust case for care and support and

- demonstrates the cost-effectiveness of specific comprehensive care and support interventions, possibly focusing on highly cost-effective or low cost HIV care and support interventions that are likely to be scaled up - such as pain and symptom control, prophylaxis and treatment of tuberculosis, micronutrient supplementation
- demonstrates how HIV care and support workers are contributing to the outcomes of health issues that are currently receiving greater political attention – TB, MNCH, paediatric HIV care for example
- develops and documents innovative models of delivering care and support , the contribution of care workers and possible impacts on broader health outcomes

2/ Develop and disseminate best practice examples of innovative care and support service delivery models in general, and examples of how they are impacting on broader health outcomes

5 Programmatic approaches

UNICEF

In the final year of the Children and AIDS Regional Initiative, UNICEF is documenting and disseminating best practice and lessons on the scale up of child sensitive social protection. New approaches to programming on OVC are reflected in a recent journal article *Child Sensitive Social*

protection: new approaches to programming for children affected by HIV and AIDS -
<http://www.informaworld.com/smpp/content~db=all?content=10.1080/17450128.2010.507808>

Programming approaches need to be adapted for the different epidemic contexts – see for example no *Protection and care for children faced with HIV and AIDS in East Asia and the Pacific (UNICEF and IDS 2009)*

WHO

As articulated in the WHO global Health Sector strategy for HIV 2011-2015, WHO HIV programme is implemented through all three levels of the Organization (144 Country Offices, six Regional Offices and their sub-regional offices, and WHO headquarters.) This takes place in the 193 Member States.

The global policies and strategies are developed with input of countries and the implementation at country level is subject to adaptation according to the context realities.

WHO provides technical support to countries through Ministries of Health and aims at supporting alignment and harmonization of in-country stakeholders and partners

As a member of the UNAIDS family, WHO leads the health sector response to HIV and convenes the priority areas of HIV treatment and care and HIV/TB, and co-convenes PMTCT (with UNICEF). WHO also contributes significantly to the other UNAIDS priority areas and cross-cutting issues and collaborates with all other UNAIDS Cosponsors and the UNAIDS Secretariat.

In addition to working with its Member States and the UNAIDS Cosponsors, WHO has an important convening role in bringing together different constituencies, sectors and organizations to ensure a coordinated and coherent health sector response to HIV/AIDS. WHO works closely with bilateral donors and developmental agencies; funds and foundations; Nongovernmental, community, faith based organisations and the world of work; WHO Collaborating Centres and other technical, research and academic institutions; Commercial private sector and several Partnership networks. WHO is therefore positioned to facilitate HIV intervention through different forums, thus optimising synergies of different entities. This is done across the HIV work including HIV care and support.

World Bank

Improve national AIDS strategies and planning. The World Bank hosts and manages the ASAP service that supports countries to elaborate evidence-based, prioritized, costed AIDS strategies and action plans that are aligned with the epidemic profile and driven by efficiency and sustainability criteria and the principle of "doing more for less".

Provide long-term support that helps strengthen countries' national systems. While AIDS-specific projects would continue to be funded if requested by countries, AIDS support would also be delivered through health projects and other social protection projects. It is expected that this approach will help strengthen countries' health systems and social protection mechanisms as well as ensuring their long-term sustainability.

The Global Fund

The types of activities funded under the umbrella of Care and Supported services, includes, but is not limited to: Palliative care, particularly for people living with HIV/AIDS; Social support, including scholarships for orphans and vulnerable children; Nutritional support, e.g. food parcels or vouchers; Psycho-social support; Home based care; and Treatment for opportunistic infections for people living with HIV/AIDS.

ⁱ Demaria L et al (undated) "What works to prevent and treat AIDS: a review of cost-effectiveness literature with a long term perspective" AIDS2031 Working Paper No 27

ⁱⁱ Action Aid International South Africa (undated) "Women bailing out the state: the real costs of home based care programmes"

ⁱⁱⁱ Musau S et al (2005) "Field testing costing guidelines for home-based care: the case of Uganda

^{iv} Terris-Prestholt F et al (2008) "Integrating tuberculosis and HIV services for people living with HIV: costs of the Zambian ProTEST Initiative" in Cost Effectiveness and Resource Allocation 2008 6:2

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