

# The World Health Organization Strategy Concerning HIV / AIDS Prevention and Control

Andreadou E

Pediatric Department, General Hospital of Thessaloniki G. Gennimatas, Thessaloniki, Greece  
Laboratory of Histology-Embryology and Anthropology, Faculty of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece

**Abstract:** ***Background:** It is already proven that HIV / AIDS is a major global public health problem. As a consequence the World Health Organization deals extensively with this. The purpose of this work is to present the World Health Organization's Strategy in preventing and fighting HIV infection, focusing on vulnerable populations, women and children. **Method:** This work is based on Regulatory Documents (Directives, Recommendations, Declarations, and Publications, Decisions, Mid and long term Plans, Reports of the United Nations International Organizations Joint Program UNAIDS: UNICEF, UNESCO, WHO, WORLD BANK, UNDP, UNFRA, and UNODC). **Results:** Recording and structure of World Health Organization's Strategic Guidelines concerning the field of HIV in a global, Regional and National Level of Public Health. **Conclusions:** Epidemic has completely different characteristics as they depend on the population on countries and regions. Action planning is based on the most up-to-date documented information and data on the nature in the frames of the epidemic and the economic, social and cultural environment at national level. For this the WHO Global Strategy on HIV is summarized as follows: Introduction of HIV prevention into every family and health service program and in strengthening infrastructures to prevent HIV infection in newborns, by increasing access to both HIV genetic counseling and diagnostics providing increasing and wider access to HIV health care and updating HIV surveillance knowledge on the bases of a constant scientific research-growing progress facing the pandemic of HIV.*

**Keywords:** World, Strategy, WHO, UNAIDS, HIV

## 1. Introduction

Searching the regulation documents of the UNAIDS International Organizations during the last decades, we decided to analyze the World Health Organization Strategy concerning HIV / AIDS prevention and control. The year 1996 was a major milestone concerning the fight against the HIV / AIDS, because the United Nations Program on HIV / AIDS UNAIDS was then established as a total response to the challenge of the struggle against HIV[3] [11].

WHO is the UNAIDS's most prominent and active partner and more over the first responsible to provide the necessary guidance about the most effective pandemic intervention. It is also technologically and scientifically responsible for every national agency that is actually dealing with HIV / AIDS treatment[14].

WHO develops and promotes scientific data-driven regulations, methods, technologies and guidelines and formulating appropriate views upon globally accepted Health Policies, sets out research and development programs upon Public Health, thereby contributing in strengthening competences and national action policies. WHO is also responsible for updating HIV / AIDS surveillance knowledge on the development of scientific research straggling against the HIV pandemic[17].

## 2. Main Subject

In May 2011, WHO World Health Assembly presented the first part of the Medium Term Plan concerning the HIV/AIDS Strategy for 2011-2015, which had already been approved at the 63rd WHO World Summit. Thus Medium Term Plan extended upon to the same guidelines until the year 2020 [1].

WHO's strategy –as a primary part of the long term plan, affirmed and updated the global goals of the Health Sector in response to HIV challenges by setting out 4 strategic orientations which were decisive in manipulating countries' actions against HIV, clarified their appropriate national actions and promoted a continuous and long-term struggle against HIV through the strengthening of the health systems, through the study of social health factors that breed the epidemic and prevent measures taken to combat it, protect and promote human health rights and gender equality[13], elements which are essential against HIV / AIDS[16].

The whole plan was also based on the achievements and conclusions from the project "Health Care Initiative for 3 million people since 2005" and of the five directions of the WHO concerning global access in health services primary from 2006 - until 2010. It also took into account the overall global structure of health and development in the fight against HIV, including the Strategy and the overall results of UNAIDS, as well as the existing commitments to achieve universal access and the Millennium Development Goals. It also identified and updated existing global goals and agreements agreed to encourage countries to plan effective actions against HIV / AIDS and guided countries to prioritize their investment in the fight against HIV. Finally, it provided a framework for a coordinated WHO action in global, regional and national level and in every relevant department and agency.

We emphasize that WHO's Strategy against HIV / AIDS for the time period 2011 - 2015 was tightly connected to the UNAIDS Strategy 2011 -2015, which was developed simultaneously[2] [3].

WHO Strategy therefore was harmonized with this of UNAIDS simultaneously "**Goal: Zero**"(1) globally focused on providing access to HIV prevention, diagnosis, treatment

and health care services to all in need and contributing to the achievement of its Goals. **Millennium Development Goals related to Health: (Objective 6 - Fighting HIV / AIDS)[6] and Objectives 3 (Equality of Women)[7], 4 (Reducing Child Mortality)[8], 5 (Improving Maternal Health)[9] and 8 (Global Development)[10].**

The four main orientations of the pre-mentioned strategy are [1]:

**First Strategic Orientation:** Improving the outcomes of HIV prevention, diagnosis, treatment and health care: a) Promoting innovative methods to prevent HIV infection. b) Elimination of new cases of HIV infection in children[47]. (c) Promoting further "next generation" research in treatment, health care and support; and (d) Ensuring full and culturally appropriate services, health care[11].

**Second Strategic Orientation:** Benefits gained by fighting HIV in order to obtain general results in the field of Public Health: Strong bonds between specific HIV programs and other general health programs such as tuberculosis, drug dependence, drug structures blood transfusions, surgeries and infusions as well as maternal infant and child health[12].

**Third Strategic Orientation:** Creating a stable and long lasting Health Care Systems: a) Strengthening of the 6 modules that make up Health Systems b) funding innovative health systems; (c) specialized human resources; (d) provision of HIV medicines and diagnostics.

**Fourth Strategic Orientation:** Reducing vulnerability and removing structural obstacles regarding access to health services, a) Promoting gender equality against any sexist social prejudices. b) Defending human rights and promoting equality in health[13]. (c) Integrate Health Policy into any kind of policy, laws and regulations.

### 3. WHO Strategic Orientations

Each of WHO's strategic orientation includes a general analysis of the orientation and includes a detailed analysis of the key elements. In this approach there are elements such as: (a) All the necessary actions needed to be taken at a national level; and (b) Moreover it shows WHO's contribution and the required actions that it is necessary to be made globally plus the harmonization of WHO interventions at a national level, depending of course of each country needs[14] [15] [16]. In addition to the pre-mentioned the study shows the whole strategy of WHO against HIV / AIDS and also includes a separate section in which all the methods and the best practices[17] on the globe including regional and national backgrounds in order to be effective from the one and have a common path on the other among several different programs. The *vision of WHO Strategy* is in two words: "no new HIV infection, "no deaths due to HIV" and no discrimination for HIV positive individuals"<sup>[48]</sup>.

#### Specific Actions for preventing HIV Infection in Children

HIV infection in children[18] [30] [49] [50] is generally a constant growing problem that bothers WHO and it is located especially, in sub-Saharan Africa and South Africa,

where lives the 90% of all infected children. In the vast majority the infection is transmitted from the mother to the child. Prevention of HIV infection in newborns and young children is considered to be the primary priority of World Health Organization. In order to achieve this goal World Health Organization collaborates with the Ministries of Health of the Countries, International Organizations, various NGOs and people living with HIV / AIDS trying to promote the prevention of HIV infection in newborns [51] as possible as it can and mainly in developing countries<sup>54</sup> through the following ways[49]:

**Focusing on prevention:** WHO has always been committed in promoting the most effective means of prevention against the transmission of HIV to newborns and young children - and therefore to young women[19] [52].

**Introduction of HIV into all the Family Planning programs:** Through the Health and Genetic Research Department's action World Health Organization continues to help and contribute to countries in improving the quality of Family Planning services and other special genetic health services[20]. The World Health Organization will also continue to promote a more innovative approach concerning the family planning programs, which should focus more on preventing HIV infection at the same time as unwanted pregnancies (double protection)[21] [53].

**Strengthening a kind of infrastructure for better Prevention against the HIV Infection in Newborns:** Expanding prenatal healthcare services. Success in preventing HIV infection in newborns and young children is achieved by the frequent and timely use of prenatal care during pregnancy and as a consequence the organization supports maternal and genetic health programs in all countries through specific initiatives for reduced risk pregnancies[22] [23] [53].

**The objective of increased access to counseling and voluntary HIV diagnosis[22] [23]:** Especially in the case of women that use prenatal healthcare services, it is necessary for them to have easy access to scientific advice as well as to voluntary HIV diagnosis in order to be able to detect HIV infection reducing the risk of vertical transmission of it. Willing to extend access in counseling and diagnostics, the Agency develops "Guidelines" and "Tools" to facilitate the establishment and operation of the aforementioned centers and services, either in a single formation or in connection with other prenatal healthcare services [51].

**Vigilance so that every childbirth to be performed by qualified staff [22]<sup>2</sup>:** Risk-reduced pregnancy is related to an increased number of pregnant women who are benefited from the help of skilled personnel during their childbirth. This ensures the use of antiretrovirals to prevent prenatal transmission and in addition to the pre-mentioned to provide effective counseling and support concerning the infant nutrition.

**Promoting Integration of Prevention into Health Systems [24]:** Prevention of HIV infection in newborns and young children so that to become part of every country's health

system. The competent departments of the World Health Organization collaborate so to improve health systems.

***Increased and better accessibility to health care for HIV-infected people[25]:*** The World Health Organization works hard to increase the access in cases where resources are very limited so as to multiply mutually beneficial effects. HIV prevention programs in newborns and young children make it possible to detect a large number of HIV-infected women. The World Health Organization's ongoing guidelines also promote a comprehensive and holistic approach for the best treatment and support of women / mothers, or of the newborns and their families. As it is well known the United Nations General Assembly's meeting which took place in June 2001[26] (189 Member States), declared its Commitment to take action aiming to reduce the numbers and the percentage of HIV-infected newborns by 2005. The above Declaration of Commitment follows a full and wide approach in preventing HIV infection to young children and newborns[27] [28].

The WHO Strategic plan works as it follows: a) All the women should be checked for HIV infection, b) HIV-positive women should be protected from unexpected pregnancies[29], c) the virus should not be transmitted to infants and toddlers by HIV-positive women and finally (d) HIV-infected women, their newborns and their families must have access to the necessary healthcare and support and further surveillance is actually required and must be provided.

The World Health Organization pays close attention to new scientific discoveries and innovations regarding the prevention of HIV infection to young children[31] and newborns, checking the validity of the data and highlighting major shortcomings which are based on worldwide research. Through this way it manages to provide valuable actions to countries, many of which lack access to up-to-date information on scientific progress and lack the resources to develop and improve their prevention policies and programs. The actions are:

***Selection and use of antiretroviral therapies[32]:*** The World Health Organization is constantly reviewing available data and develops 'guidelines' that allow countries with limited resources to access antiretroviral therapies to prevent mother-to-child HIV transmission[33] [34] [35].

***Extensive support for neonatal nutrition programs[36]:*** World Health Organization wishes to help mothers choose right their infant nutrition and in addition to it supports the research wishing to find new effective ways to reduce the risks associated to breastfeeding. It provides also "tools" and necessary advices to surrogate mothers on breastfeeding replacement[37] [42].

***Close surveillance and evaluation[43]:*** The World Health Organization alongside with its partners, works hard to develop indicators that will be used to measure the performance and the outcome of the running programs in developing countries and records and investigates all the achieved progress which was made in achieving the purposes as they were set by the Extraordinary General

Assembly in accordance to the UN summit (June 2001). In addition to it checks and evaluates the long-term non-harmfulness of antiretrovirals and the effectiveness of the selected treatments.

***Forming the Effect[45]:*** Although the global attention is primarily focused on reducing prenatal HIV transmission through antiretroviral therapies, the most significant impacts stem from investment in preventing HIV infection especially in young and adolescent women in order to avoid random pregnancies. The World Health Organization develops models designed to indicate how the efforts regarding the HIV prevention in infants and young children can provide the most fruitful and beneficial results.

***Providing technical support to Countries in order to manage global prevention and healthcare of HIV / AIDS:*** World Health Organization wishes to help countries to ensure better prevention of HIV infection. Therefore the World Health Organization hopes with all of the above to establish links and promote mutual benefits between prevention and health care, by developing and strengthening a public health approach capable in fighting the AIDS epidemic in the future[46].

#### 4. Conclusions

As it is well-known epidemics have completely different characteristics depending on the countries and regions[54] [55]. These depend on the populations and actions that are planned based on the most up-to-date documented information and data on the nature of the epidemic and the economic, social and cultural environment at national level. That is why regarding the recent World Health Organization guidelines we can support that these are kind of a map wishing to boost up the HIV prevention as they wish to reduce the percentage of the new infections down regulating those up to the 75% for the next decade by 2020, we can suggest the following:

- a) Introduction of HIV prevention into all family and health services programs planning.
- b) Strengthening any existing infrastructure for the better prevention of HIV infection in newborns[48] [53].
- c) Increasing the access to HIV genetic counseling and diagnostics.
- d) Increasing the access to health care for HIV, as mentioned above.
- e) Constant updating of the HIV surveillance general's population knowledge concerning the general progress of the scientific research-progress of the pandemic.

#### 5. Conflict of Interest

Authors have no conflict of interest to declare

#### References

- [1] ONUSIDA :Objectif: Zéro-Stratégie de l'ONUSIDA 2011-2015. Genève, Onusida,2010.
- [2] WHO: Global health sector strategy on HIV, 2016-2021. WHO, 2010.



- [3] ONUSIDA: Rapport Onusida sur l'épidémie mondiale de Sida 2010. Genève, Onusida,2010.
- [4] United Nations :The Millennium Development Goals Report 2015. United Nations, New York, 2015.
- [5] UNESCO: Unesco Strategy on Education for Health and Well-Being: Contributing to the sustainable Development Goals, Education 2030. Unesco,2016.
- [6] Goal: Combat HIV/AIDS, Malaria and others Diseases. MDG Monitor. Retrieved 18 October 2012.
- [7] Goal: Promote Gender Equality and Empower Women. MDG Monitor. 30 April 2011. Retrieved 18 October 2012.
- [8] Goal: Reduce Child Mortality. MDG Monitor. 16 May 2011. Retrieved 18 October 2012.
- [9] Goal: Improve Maternal Health. MDG Monitor. Retrieved 18 October 2012.
- [10] Goal: Develop a Global Partnership for Development. MDG Monitor. Retrieved 18 October 2012.
- [11] UNESCO/UNAIDS: A Cultural Approach to HIV/AIDS Prevention and Care. Special Series, Issue 1. Unesco, 2002.
- [12] WHO: Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. Who, April 2012.
- [13] ONUSIDA-HCDH: Le VIH/Sida et les droits de l'homme Directives internationales Version consolider 2006. ONUSIDA, France,2006.
- [14] OMS: Une Stratégie Globale du secteur de la Santé contre le VIH/SIDA. OMS,2003-2007.
- [15] OMS: Stratégie Mondiale du secteur de la Santé contre le VIH/SIDA 2011-2015. OMS, Libreville, Gabon, 2-3 October 2012.
- [16] WHO: Global health Sector Strategy on HIV,2016-2021.WHO,2016.
- [17] UNESCO/UNAIDS: A Cultural Approach to HIV/AIDS Prevention and Care. Special Series, Issue 10. Unesco, 2002.
- [18] UNAIDS: Prevention of HIV transmission from mother to child, Strategic options. UNAIDS, August 1999.
- [19] Joint United Nations Programme on HIV/AIDS (UNAIDS): Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive. UNAIDS,2011.
- [20] UNAIDS: Enfants et Sida: Cinquième bilan de la situation,2010. UNICEF, Novembre 2010.
- [21] ONUSIDA: Priorité aux femmes: stratégie clé de prévention du VIH chez les enfants. ONUSIDA,2014.
- [22] OMS: La prévention de l'infection au VIH chez les nourrissons et les jeunes enfants. OMS, 2002.
- [23] OMS: Approche stratégique de la prévention de l'infection a VIH chez les enfants. OMS, Morges-Suisse, 2002.
- [24] OMS: Soins chroniques du VIH traitement antirétroviral et prévention (PCIME et PCIMAA).Directives provisoires pour les agents de Santé de premier niveau. OMS,2008.
- [25] UNAIDS: Handbook on access to HIV/AIDS-related treatment. A collection of information, tools and resources for NGOs, CBOs and PLWHA groups. UNAIDS, mai 2003.
- [26] United Nations: Declaration of Commitment on HIV/AIDS. UN, June 2001.
- [27] United Nations:2011 United Nations General Assembly Political Declaration on HIV/AIDS: Targets and elimination commitments. UN, June 2011.
- [28] United Nations: Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. UN, June 2016 .
- [29] OMS: Prévention du VIH et des grossesses non désirées: Cadre Stratégique 2011-2015.OMS, 2012.
- [30] OMS,ONUSIDA, UNICEF :Le VIH/SIDA en Afrique subsaharienne:le point sur l'épidémie et les progrès du Santé vers l'accès universel. Rapport de situation 2011.
- [31] WHO,UNICEF,UNAIDS: Global update on HIV treatment 2013:results,impact and opportunities. June 2013.
- [32] OMS: Utilisation des antiretroviraux pour traiter la femme enceinte et prevenir l'infection a VIH chez le nourrisson. Resume analytique. Avril 2012.
- [33] WHO: Rapid advice: use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants. June 2010.
- [34] WHO: Paediatric HIV surveillance among infants and children less than 18 years of age. WHO/UNAIDS Working group on Global HIV/AIDS and STI surveillance. July 2013.
- [35] OMS: VIH et traitement: Les guides 2013 de l'OMS sur les antirétroviraux. Septembre 2014.
- [36] WHO: Assembly infant and young child feeding. Resolution 54.2. WHO, Geneva 2001.
- [37] OMS: Stratégie mondiale pour l'alimentation du nourrisson et du jeune enfant. OMS, Genève, 2002.
- [38] OMS,UNICEF,UNFRA, ONUSIDA:Le VIH et le nourrisson: Principes directeurs à l'intention des decideurs. Genève, 2003.
- [39] OMS,UNICEF,UNFRA, ONUSIDA:Le VIH et l'alimentation: Guide à l'intention des responsables des soins de Santé. Genève, 2003.
- [40] OMS,UNICEF,UNFRA, ONUSIDA:HIV et alimentation de l'enfant: Cadre pour actions prioritaires.2003
- [41] WHO, UNICEF, UNAIDS, UNFRA:HIV and infant Feeding. Geneva, 25-27 October2006.
- [42] Chopra M and Rollins N: Infant feeding in the time of HIV: Assessment of infant feeding policy and programmes in four African countries scaling up prevention of mother to child transmission programmes .Archives of Disease in Childhood published. September 2007.
- [43] ONUSIDA:Directives 2016:Rapport modial d'avancement sur la lutte contre le sida 2017. Onusida 2016.
- [44] UNAIDS: Global Aids, Monitoring 2018. Indicators for monitoring the 2016 United Nations Political Declaration on Ending AIDS.UNAIDS, Switzerland, 2017.
- [45] OMS:Plan d'Action pour la prevention et la lute contre le VIH et les infections sexuellement transmissibles 2016-2021. Washington ,D.C 2016.
- [46] ONUSIDA: Feuille de Route de la Prévention du VIH pour 2020. ONUSIDA, Suisse, 2017.
- [47] Brocklehurst P, Volmink J: Antiretrovirals for reducing the risk of mother-to child transmission of HIV

- infection. Cochrane Database Syst Rev.2002;(1):CD003510
- [48] Luo C: Strategies for prevention of mother-to-child transmission of HIV. *Reprod Health Matters*. 2000 Nov.;8(16):144-55
- [49] Vermund SH: Prevention of mother-to-child transmission of HIV in Africa. *Top HIV Med*.2004 Dec-2005 Jan;12(5):130-4
- [50] Fletcher FE, Ndebele P, Kelly MC: Infant feeding and HIV in Sub-Saharan Africa: what lies beneath the dilemma? *Theor Med Bioeth*.2008;29(5):307-30. doi: 10.1007/s11017-008-9083-z.
- [51] Horvath T, Madi BC, Ippa IM, Kennedy GE, Rutherford G, Read JS: Interventions for preventing late postnatal mother-to-child transmission of HIV. *Cochrane Database Syst Rev*.2009 Jan 21;(1):CD006734. doi: 10.1002/14651858.CD006734.pub2.
- [52] Anglemver A, Rutherford GW, Egger M, Siegfried N: Antiretroviral therapy for prevention of HIV-discordant couples. *Cochrane Database Syst Rev*.2011 Jun 15;(6):CD008741. doi: 10.1002/14651858.CD008741.pub2.
- [53] Tudor Car L, van-Velthoven MH, Brusamento S, Elmonirv H, Car J, Majeed A, Atun R: Intergrating prevention of mother-to-child HIV transmission (PMTCT) programmes with other health services for preventing HIV infection and improving HIV outcomes in developing countries. *Cochrane Database Syst Rev*.2011 Jun 15;(6):CD008741. doi: 10.1002/14651858.CD008741.pub2.
- [54] Penazzato M, Revill P, Prendergast AJ, Collins IJ, Walker S, Elyanu PJ, Sculpher M, Gibb DM: Early Infant diagnosis of HIV infection in low-income and middle-income countries: does one size fit all? *Lancet Infect Dis*.2014 Jul;14(7):650-5. doi: 10.1016/S1473-3099(13)70262-7. Epub 2014 Jan 21.
- [55] Hopkins J, Collins L: How linked are national HIV and SRHR strategies? A review of SRHR and HIV strategies in 60 countries. *Health Policy Plan*.2017 Nov 1;32(suppl\_4):iv57-iv66. doi: 10.1093/heapol/czw119.