



SAARC Regional Strategy on HIV/AIDS 2018-2023

SAARC TB and HIV/AIDS Centre
Thimi, Bhaktapur

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PREFACE

The SAARC Member States have varied epidemiological patterns of HIV infection and AIDS. In reviewing the current epidemiology of HIV and AIDS within the SAARC region, the diversity needs to be fully addressed and defined. Despite of these diversities, Member States are committed to take necessary actions and contain HIV and AIDS epidemic. The political declaration on HIV/AIDS, the global community adopted new targets and made firm political commitments for 2020-2030. These targets aim to “fast track” the response, to accelerate the scale up in the next five years.



SAARC Region has an estimates 2.3 million people living with HIV and India alone bears an estimated 2.1 million of that number in year 2017. In SAARC region 0.1 million new HIV infections and around 77,000 AIDS related deaths in the year 2017. HIV epidemic in the SAARC Region is a collection of different epidemics in the Member States with their own characteristics and dynamics. Three countries namely India, Nepal and Paskistan account for majority of the regional burden.

The SAARC TB and HIV/AIDS Centre (STAC) coordinates the efforts of the National AIDS Control Programmes (NACPs) and National TB Control Programmes (NTPs). Since its inception in 1992, STAC has taken of the challenges of combating the threats of HIV/AIDS in SAARC region. The SAARC member states have made notable progress across South Asia in line with the SAARC Regional Strategy on HIV/AIDS and TB/HIV co-infection.

The revised SAARC Regional strategy (2018-2023) is taking stock of accomplishment made by the SAARC Member States in addressing the different issues related to HIV. The prevention efforts have been extending to different risk population through various means and approaches. As part of these initiatives, particular attention should be given to those populations who are at risk and impacted most, such as those who are socio-economically marginalized, including women, young girls and children. There is also an urgent need to overcome social injustices which increase the risk and vulnerability of these populations.



The strategy has been revised through an extensive consultative process by Member States and other partners. The main vision of the strategy is to halt and reverse the spread and impact of HIV/AIDS, to commit leaders to lead the fight against HIV and AIDS and to provide people living with HIV/AIDS, accelerated facilities of treatment, care and a dignified life in their respective community within the Member States. As we are moving forward to new SDGs, we have a new vision of “Ending the AIDS epidemic by 2030” and goals to achieve optimized Identify, Reach, Recommend, Test, Treat and Retain (IRRTTR) for 90-90-90 and combination prevention by 2020. This is, in fact, an ambitious target to reach 90-90-90 by 2020 and end epidemic by 2030. So I do expect the same sincere efforts and contribution from all of you for making it a real success in future.

As Director of STAC, I am grateful to His Excellency, Secretary General and his team at SAARC Secretariat, Kathmandu for his continuous guidance and support. In addition, I would like to thank all Governing Board Members of STAC, officials of the STAC, Civil Society Organizations and all beneficiaries for their meaningful contribution in national HIV response for “Paving way for an AIDS Free SAARC”

Dr. Rajendra Prasad Pant
Director



ACKNOWLEDGEMENT

We would like to acknowledge Dr. R.P. Bichha, Former Director (STAC), Dr. A.P. Weerakoon, Former Epidemiologist (STAC) and Dr. R. Sultana, Research Officer (STAC) for their contribution in bringing out this document.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
CSO	Civil Society Organization
HIV	Human Immunodeficiency Virus
IAS	The International AIDS Society
IBBS	Integrated Biological and Behavioural Survey
ICAAP	International Congress on AIDS in Asia and the Pacific
IDU	Intravenous drug user
IIHMR	Indian Institute of Health Management Research
JMMS	Jagrati Mahila Maha Sang
MIFA	Management Information for Action
MSM	Men who have sex with men
NACP	National AIDS Control Programme
NCASC	National Centre for AIDS and STD Control
NFWLHA	National Networks; the National Federation of Women Living with HIV/AIDS
NGO	Non-governmental organization
NHSP	National HIV Strategic Plan
NTP	National Tuberculosis Control Programme
PLHIV	People Living with HIV
PPP	Public Private Partnership
ROSA	Regional Office for South Asia
SAARC	South Asian Association for Regional Cooperation
STAC	SAARC Tuberculosis and HIV/AIDS Centre
SW	Sex Workers
TB	Tuberculosis
TG	Transgender
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization



CHAPTER 1

BACKGROUND

The South Asian Association for Regional Cooperation (SAARC) consists of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

SAARC was established during the first Summit of the Heads of Government or State in 1985 and Afghanistan being the latest member to join in 2007.

The role of SAARC is to promote facilitate collaboration on regional issues and to promote public-private & civil society partnerships for the effective implementation of global and regional commitments of social and economic development.

The overall adult HIV prevalence in SAARC region remains below 1%. However, there are important variations existing between countries. SAARC Region has an estimates 2.3 million people living with HIV and India alone bears an estimated 2.1 million of that number in year 2017. In SAARC region 0.1 million new HIV infections and around 77,000 AIDS related deaths in the year 2017. HIV epidemic in the SAARC Region is a collection of different epidemics in the Member States with their own characteristics

OBJECTIVES OF THE ASSOCIATION (AS DEFINED IN THE CHARTER)

- A. TO PROMOTE THE WELFARE OF THE PEOPLES OF SOUTH ASIA AND TO IMPROVE THEIR QUALITY OF LIFE;
- B. TO ACCELERATE ECONOMIC GROWTH, SOCIAL PROGRESS AND CULTURAL DEVELOPMENT IN THE REGION AND TO PROVIDE ALL INDIVIDUALS THE OPPORTUNITY TO LIVE IN DIGNITY AND TO REALISE THEIR FULL POTENTIALS;
- C. TO PROMOTE AND STRENGTHEN COLLECTIVE SELF-RELIANCE AMONG THE COUNTRIES OF SOUTH ASIA;
- D. TO CONTRIBUTE TO MUTUAL TRUST, UNDERSTANDING AND APPRECIATION OF ONE ANOTHER'S PROBLEMS;
- E. TO PROMOTE ACTIVE COLLABORATION AND MUTUAL ASSISTANCE IN THE ECONOMIC, SOCIAL, CULTURAL, TECHNICAL AND SCIENTIFIC FIELDS;
- F. TO STRENGTHEN COOPERATION WITH OTHER DEVELOPING COUNTRIES;
- G. TO STRENGTHEN COOPERATION AMONG THEMSELVES IN INTERNATIONAL FORUMS ON MATTERS OF COMMON INTERESTS; AND
- H. TO COOPERATE WITH INTERNATIONAL AND REGIONAL ORGANIZATIONS WITH SIMILAR AIMS AND PURPOSES.



and dynamics. Three countries namely India, Nepal and Pakistan account for majority of the regional burden. HIV epidemic in SAARC region is also a collection of diverse epidemics in countries, provinces & districts. HIV/AIDS continues to be a major public health problem in the SAARC Region. All eight Member States of the SAARC region are designated as low prevalence countries. Three countries namely India, Nepal and Pakistan account for majority of the regional burden. The first HIV infected persons were diagnosed in 1986 in India and Pakistan. By 1993, all SAARC Member States had reported the existence of HIV infection in their countries.

Progress towards 90-90-90 targets, in the SAARC Region there were 49 Percent of people living with HIV who know their status, 62 Percent of people who know their status who are on ART and 93 Percent of people on ART who achieve viral suppression in the year 2017.

The SAARC leadership have recognized HIV and AIDS as major threats to economic transformation in the region, and they demonstrated their commitment to reduce the spread of the epidemic through a joint declaration during the Twelfth SAARC Summit (Islamabad, 4–6th January 2004) on ensuring access to easy and affordable prevention and treatment of HIV/AIDS, tuberculosis and other infectious diseases. Following the declaration, the SAARC Secretariat, Member States and STAC with UNAIDS assistance, developed the First SAARC Strategy on HIV/AIDS, 2006–2010, and later extended it to 2012. Similarly, SAARC Regional Strategy on HIV/AIDS 2013-2017 has developed. Specifically, the strategy aimed at containing the epidemic and mitigating the socio-economic impact of the disease in the region.

During the 13th SAARC summit held in Dhaka on 12–13th November 2005, the SAARC leaders welcomed the preparation of the strategy for a collective SAARC response to prevent the spread of HIV/AIDS, with a note for enhanced regional response and early implementation of the regional strategy. Since then, the SAARC Secretariat, SAARC Tuberculosis and HIV/AIDS Centre (STAC), and Member States– with the assistance of UNAIDS, WHO, UNICEF, UNDP, and other UN agencies, non-governmental organization (NGO), and civil society organization (CSO) partners – have been implementing the strategy and have made notable progress in AIDS response in South Asia. For example, there has been a significant decrease of new HIV infection in India and Nepal, a stabilization of new infections in Bangladesh and increased uptake of ART in most of the countries of the region.



The key commitment of the First SAARC Strategy was to urgently scale-up responses towards achieving the goal of universal access to comprehensive prevention, treatment, care and support by 2010. Though there have been significant improvements, these have not been uniform across all countries and there are pockets where HIV prevalence is increasing. The current strategy is an effort to strengthen the regional responses based on lessons learned from the outcomes of the first and Second SAARC Strategy on HIV/AIDS.

The current strategy is grounded on the principles of equity, human rights and social determinants of health. The strategy welcomes the leadership and commitment shown in every aspect of the HIV/AIDS response by Member States, people living with HIV, key affected populations, development partners, political and community leaders, civil society organizations, health professionals, and the media. The strategy acknowledges the rights and responsibility of all members and groups in society to play an active role in the efforts to reach the proposed goals and objectives of the strategy.



CHAPTER 2

SITUATION ASSESSMENT OF SAARC REGIONAL STRATEGY (2013-2017)

Objective 1: Individual and collective strengths of Member States leveraged

1.1 To convene and coordinate specific cross-cutting initiatives

1.1.1 Action plan of cooperation:

1.1.2 Regional Expert Group meetings on HIV and AIDS

Situation Analysis:

“SAARC Expert Group Meeting to finalize the SAARC Regional Strategy on HIV/AIDS 2013-2017” was held in Thimphu, Bhutan from 5-6th March 2013 in collaboration with UNAIDS. The objective of the meeting was to finalize the SAARC Regional Strategy on HIV/AIDS – 2013-2017. The meeting was attended by different experts on HIV/AIDS from all SAARC Member States, SAARC Secretariat, SAARC TB and HIV/AIDS Centre (Kathmandu), UNICEF, UNDP, UNAIDS, Consultant, NGOs from Bangladesh, India and Nepal.

“SAARC Regional Meeting of the Programme Managers of National TB and HIV/AIDS Control Programmes” was organized by STAC in Thimphu, Bhutan from 5-6th December 2014. The objectives of the meeting were to share the achievements, experiences and challenges and to discuss the progress on TB and HIV/AIDS in the SAARC Member States.

“SAARC Meeting of National Programme Managers on TB and HIV/AIDS along with the meeting of Heads of National TB Reference Laboratories of Member States” was held in Kathmandu from 30th September to 2nd October 2015. The objectives of the meeting were:- to share the achievements, experience, innovations and challenges in NTPs, NACPs and National Reference Laboratories, - to discuss on SAARC Regional Strategy on TB and HIV/AIDS, - to develop/



finalize activities/plan of STAC according to the need of the Member States before Governing Board Meeting.

“SAARC Regional Meeting of Programme Managers and Cross Border Issues on TB and HIV/AIDS Control Programmes” was held in Thimphu, Bhutan on 29-31st May 2017. The objectives of the meeting were: - to share the achievements, experiences and innovations on TB and HIV/AIDS by the SAARC Member States and learn from best practices.

- to identify the regional activities of STAC according to felt the needs of the region.
- to discuss issues and challenges faced by the SAARC Member States on TB and HIV/AIDS in order to suggest possible solutions and
- to discuss and share the information on Cross Border Referral Mechanisms related to TB and HIV/AIDS patients in border area of the SAARC Member States.

1.1.3 Facilitate and develop guidelines and frameworks:

Situation Analysis

- Collection & sharing of all existing guidelines and frameworks on HIV/AIDS those are relevant to the work of the Member States-2014
- Developed SAARC Regional Training Manual for ART-2014

1.1.4 Developing regional project proposals:

Situation Analysis

Document on “Situation analysis of mechanism for migration of diagnosed HIV infected persons who need to continue their Care; Support & Treatment for HIV/AIDS” was prepared on 2014, which was uploaded in STAC website.



1.1.5 Promote and strengthen regional networks:

Situation Analysis

Commemoration of World AIDS Day-2013

World AIDS Day is commemorated on 1st December every year to raise awareness about HIV & AIDS and to demonstrate international solidarity in the face of the epidemic. The day is an opportunity for public and private partners to disseminate information about the status of the epidemic and to encourage accelerated in HIV & AIDS prevention, treatment, care and support around the world, particularly in high prevalence countries. The interaction programme was held with two National Networks; the National Federation of Women Living with HIV/AIDS (NFWLHA) and Jagriti Mahila Maha Sang (JMMS). The SAARC Regional strategy on HIV guides us to convene and coordinate specific cross cutting initiatives amongst which one is to promote and strengthen regional networks. The interaction programme is a means to facilitate and provide technical support for the regional networks and partnerships. It will facilitate capacity building and include these networks in various consultation meetings. In this context this was one of the initial interactions with these networks to introduce them into regional networking. This was one of the main themes of the programme. In addition they were briefed on the efforts of STAC towards prevention and control of HIV/AIDS in the Region within the past ten years.

- Research on Prevalence and Behavioral Survey of Most at Risk Population at HIV/AIDS in Maldives 2014.
- Situation Assessment of Women and Children Affected by HIV/AIDS in the SAARC Region Afghanistan, Nepal, Sri Lanka 2014.
- STAC Regional Grant Integrated Biological and Behavioural Survey (IBBS) of Most at Risk Population at HIV/AIDS in Maldives 2015.

1.1.6 Facilitate access to important drugs:



Objective 2: Further the scale, quality and depth of programming

2.1 Facilitating learning and sharing

2.1.1 Identification and documentation of good practices in the region:

Situation Analysis:

- Review Coordination Meeting and sharing of Best Practices with Authorities of Ministry of Health, National TB and HIV/AIDS Control Programmes & SAARC Regional Centres in Member States- Visiting Afghanistan from 26-29th May 2013 and Sri Lanka from 11-12th June 2013.
- Documentation of the best practices on treatment, care and support on HIV/AIDS in the Member States-2013 had produced and uploaded in STAC website.
- Documentation on Identification and documentation and sharing of best practices in the region in the field of & HIV/AIDS-2014 had prepared and shared through website to general public and sent hard copies to Programme Manger of TB and HIV/AIDS in SAARC member States and uploaded in STAC website.
- Identification and documentation and sharing of best practices in the region in the field of TB and HIV/AIDS-2014 and uploaded in STAC website.

2.1.2 Exposure visits:

“SAARC Exposure Visit to Observe the Best Practices on HIV/AIDS in Nepal” was jointly organized by SAARC TB and HIV/AIDS Centre (STAC), Nepal and National Centre for AIDS and STD Control (NCASC) Nepal from 11-15th September 2017. Participants from different member states were involved on that visit.

2.1.3 Strengthening access to knowledge repositories and sharing knowledge through the web:

Situation Analysis

- Collection of Regional Information on demographics, vital statistics (TB and TB-HIV Co-infection and other indicators) and produce SAARC Regional Epidemiological Reports on TB and TB-HIV Co-infection and strengthen regional data base on TB, HIV/AIDS and TB/HIV Co-infection.-2013 and uploaded in STAC website.



- STAC prepared the SAARC Technical Bulletin on TB and HIV/AIDS Epidemic and published it on website of the Centre, which were circulated to the Member States for information through e-mail. Specially, these informative documents are sent to SAARC Division of Ministry of Foreign Affairs, Programme Manager of National TB and HIV/AIDS of Member States, SAARC Secretariat and STAC Governing Board Members. For general people, these were placed on STAC's website.
- Dissemination of information on TB, HIV & AIDS by updating STAC Website (www.saarctb.org)
- Epidemiological Trend on TB, HIV/AIDS and TB/ HIV-Co-infection of SAARC Member States of last ten years-2014 prepared and uploaded in website of STAC.
- Collection, Compilation and e-Circulation of Published Scientific Articles and Important news related to TB and HIV/AIDS in the National Daily Newspapers/ Journals: on different websites has been browsed and downloaded within the download parameter and compiled and placed on STAC website for the information to the website users.
- Updating existing documentary on TB and HIV/AIDS and documenting SAARC Goodwill Ambassadors Programmes and other activities: The 3rd issue of documentary has been prepared and presented in the 53rd Session of Programming Committee of SAARC held on 1-2nd February 2017 in Kathmandu.

2.1.4 Annual Regional Response Report:

Situation Analysis:

Under this target, yearly SAARC Epidemiological Response on HIV/AIDS has been publishing since 2004-2017.

SAARC Epidemiological Response on HIV/AIDS-2013

SAARC Epidemiological Response on HIV/AIDS-2014

SAARC Epidemiological Response on HIV/AIDS-2015

SAARC Epidemiological Response on HIV/AIDS-2016

SAARC Epidemiological Response on HIV/AIDS-2017

SAARC Epidemiological Response on HIV/AIDS-2018



2.2 Capacity-building:

2.2.1 Conduct regional skill-building workshops:

Situation Analysis

Participation in 20th International AIDS Conference, Melbourne, Australia

The International AIDS Society (IAS) hosted 20th International AIDS Conference in Melbourne, Australia Convention Centre dated 20th to 25th July 2014. A range of organizations, researcher and policy makers were participated highlighting their specific activities and priorities before, during and after the conference. The theme of stepping up the pace recognize that we are at a critical time and we need to capture the optimism that has recently and build on it to ensure that HIV remains on top of the global agenda.

Participation in Regional Consultation Meeting on HIV and Universal Health Coverage (UHC):

Director, SAARC TB and HIV/AIDS Centre, Nepal participated in a consultation meeting organized by WHO/SEARO, New Delhi from 1st to 3rd June 2015. Recognizing the need for a framework to address the HIV epidemic in the context of universal health coverage and post - 2015 sustainable development agenda, the World Health Organization (WHO) Regional Office for South - East Asia convened a meeting for Member States. The key objectives of the meeting were to discuss the contribution of the HIV response to UHC and the opportunities to use the UHC framework in strengthening the HIV response that will set the course for ending the HIV epidemic in the South-East Asia region by 2030. SAARC TB and HIV/AIDS Centre as WHO collaborative centre has also an important role in the control of HIV/AIDS in the region.

Regional partners meeting on Adolescents, Bangladesh, 2015

SAARC TB and HIV/AIDS Centre assigned Research Officer to participate in the Regional partners' Meeting on HIV and AIDS among Young Key Affected Populations in South Asia held in Dhaka, Bangladesh from 11th to 13th May, 2015 organized by UNICEF Regional Office for South Asia. The objective of the meeting was to bring together national counterparts, key stakeholders and UN colleagues to take forward the ALL IN Agenda and catalyze efforts around ending the AIDS epidemic among adolescents in South Asia.



Participation in IAS 2015, Vancouver, Canada

Director, STAC participated in the 8th IAS Conference on HIV Pathogenesis, Treatment and Prevention at the Vancouver Convention Centre held from 19th to 22nd July 2015 in Vancouver, British Columbia, Canada with objective to share the experiences with the international communities. Director STAC shared the experiences and challenges revealed during the implementation of the HIV and AIDS programme in the SAARC Region with the international HIV/AIDS experts attending the conference.

12th International Congress on AIDS in Asia and the Pacific (ICAAP I2) 12th – 14th March, 2016, Dhaka Bangladesh

Director, STAC participated in the 12th International Congress on AIDS in Asia and the Pacific (ICAAP I2), Dhaka, Bangladesh on 12th–14th March 2016. The visit was performed at the invitation of UNICEF, ROSA. The STAC has its aim to disseminate new research findings, and achievements by participating in Regional Conferences in the Member States as well as in other countries.

2.2.2 Capacity-building plan and initiatives for the SAARC/STAC:

Situation Analysis:

“SAARC Regional Training on Leadership & Strategic Management for Tuberculosis & HIV/ AIDS Control programmes” was conducted in Maldives by recognizing the importance of the improving the knowledge and skills of the Programme Managers at various levels in management, communication and leadership. Accordingly, a five day training programme had been organized by STAC in collaboration with the Ministry of Health, Republic of Maldives which was held from 6th to 10th June 2013 in Malé, Maldives.

“Management Information for Action (MIFA) for Tuberculosis & HIV/AIDS Control Programmes” was conducted in Sri Lanka jointly by Government of Sri Lanka and STAC from 13th to 17th June 2013 in Colombo. The Objectives of the training programme were to support the Member States of TB and HIV/ AIDS control programmes through improving the knowledge and skills of Data Management on TB and HIV/AIDS and to assist Member States in review of their epidemiological data.



“SAARC Regional Training on Leadership & Strategic Management for Tuberculosis & HIV/AIDS Control Programme,” was organized jointly by SAARC TB and HIV/AIDS Centre, Nepal and National Tuberculosis Control Programme and National HIV/AIDS Control Programme of Government of Maldives from 6th to 10th November 2014 in Male.

“SAARC Regional Training on Operational Research on TB and HIV/AIDS” was jointly organized by STAC and Central Tuberculosis Division, Government of India at Indian Institute of Health Management Research (IIHMR), Jaipur, India from 12th to 16th June 2017.

“SAARC Regional Training on Management Information for Action (MIFA) for Tuberculosis & HIV/AIDS Control Programmes” was jointly organized by SAARC TB and HIV/AIDS Centre (STAC), Nepal in association with RNTCP, Government of India in National Tuberculosis Institute, Bengaluru, India from 1st to 5th September, 2017. The objectives of the meeting were: To provide knowledge and skills on management information for action with focus on TB and HIV/AIDS control programs, To strengthen the skills of participants in data entry and analysis using analytical Soft ware Programmes., To assist Member States in review of their TB and HIV/AIDS control programmes



Objective 3: Supportive policies and adequately resourced programmes

3.1 Advocate member countries and regional entities to scale-up interventions, using established good practices

Situation Analysis

Participation in NCASC Workshop on IRRTR

Director and Computer Technician, STAC has participated in a two-day workshop organized by National Centre for AIDS and STD Centre (NCASC), Government of Nepal from 6th to 7th April 2017 in Kathmandu. The title of the workshop was Implementing National HIV Strategic Plan (NHSP) 2016-2021 – Fast- Tracking “IRRTR” in Nepal. The workshop was participated by key population from over 25 organizations working for prevention of HIV/AIDS in Nepal. Along with them, STAC also presented its presentation on Status and Challenges related to prevention of HIV/AIDS in SAARC Member States.

3.1.1 Disseminate guidelines and good practices documentation among the key decision makers of the member states, for example, in different ministerial meetings and other forums.

Good practices documented and disseminated through website.

This work has done and document on good practices had uploaded in STAC Website.

3.1.2 Advocate member countries to cover their well-known mobility source and transit points with comprehensive prevention and treatment interventions and similarly the large mobility recipient cities/towns are also be covered for prevention, treatment, and care interventions.

3.1.3 Prepare ‘advocacy packs’ for countries and Goodwill Ambassadors so that they can more successfully advocate for the scaling-up of existing programmes in order to improve coverage and attract additional resources.



Situation Assessment

Programme of SAARC Goodwill Ambassador for HIV/AIDS

As mandated by the 12th SAARC Summit, SAARC Regional Strategy on HIV and AIDS (2006- 2010) formulated. Revised Regional Strategy (2013-17) is finalized and circulated to Member States. The main objective of the strategy is to guide the regional response to HIV epidemics. For effective implementation of the Regional Strategy on HIV/AIDS, selection of prominent individuals as SAARC Goodwill Ambassador was proposed.

The SAARC Goodwill Ambassador is an honorary title. The concept has been conceived with the objective of facilitating the SAARC Regional Strategy on HIV/AIDS and its work-plan. Engaging the regional well-known personalities would ensure the message being reached to the community level of the region. The selection committee to select SAARC Goodwill Ambassador meeting was held at the SAARC Secretariat, Kathmandu on 2nd January 2013. The committee decided to confer the honorary title of SAARC Goodwill Ambassador to Ms. Runa Laila, Bangladesh, Shree Ajay Devgan, India and Ms. Sharmeen Obaid-Chinoy, Pakistan.

Visit of Ms. Runa Laila to India

Ms. Runa Laila, SAARC Goodwill Ambassador for HIV/AIDS made official visit to India on 31st July to 3rd August 2013. She has been conferred the honorary title of SAARC Goodwill Ambassador by SAARC Secretariat for the next two years along with Shri Ajay Devgan from India and Ms. Sharmeen Obaid-Chinoy from Pakistan. The objective of the visit was to extend support on the prevention of HIV/AIDS and issues of stigma and discrimination related to People Living with HIV/AIDS (PLHIV).

Programme for Country Level Sensitization, Advocacy and Social Mobilization on HIV/AIDS and TB in India

SAARC Secretariat and SAARC TB and HIV/AIDS Centre (STAC) are implementing the activities of SAARC Goodwill Ambassadors as per the Regional Strategy on HIV/AIDS. Accordingly, as an approved activity of 2014, on the invitation of SAARC Secretariat, Shree Ajay Devgan, SAARC Goodwill Ambassador for HIV/AIDS involved in National Youth Day Programme in Mumbai, India on 12th January 2015. The programme was coordinated by Department of AIDS Control, Ministry



of Health and Family Welfare, Government of India. In the capacity of SAARC Goodwill Ambassador for HIV/AIDS Shree Ajay Devgan would be contributing towards creating awareness on HIV/AIDS through public appearances using different platform.

3.2 Resource mobilization: Advocate with regional entities and global organizations for adequate investment

Situation Analysis:

Technical assistant support to the STAC, NTP/NACP, Member States by providing short term consultancy, utilizing the experts from the Region without financial liability to respective programmes of Member States in year 2013

The Centre has to develop its Long Term Strategic Plan and Detailed Proposal along with Operational Plan for SAARC Regional Supra Reference Laboratory for TB, HIV & AIDS. The Centre initiated both the works by searching separate experts to develop the documents with Operational Plan, Monitoring & Evaluation Indicators and required materials and equipment for laboratory.

3.3 Advocate for enabling policies and laws

3.3.1 During this strategy SAARC/STAC will work to develop a repository of all positive and negative laws

3.3.2 SAARC will facilitate and coordinate the inclusion of these themes in the various inter ministerial meetings to discuss cross-cutting regional issues as well as specific member state policy issues. Special consideration will be given to the dissemination, consideration and implementation of recommendations of the Global Commission on HIV and the Law

Situation Analysis:

Participation in Sixth Meeting of the SAARC Ministers of Health and preceding Meeting of Senior Officials, Colombo, Sri Lanka

Director, STAC attended the Sixth Meeting of the SAARC Ministers of Health and preceding Meeting of Senior Officials organized in Colombo, Sri Lanka from 27th to 29th July 2017. STAC Director interacted with the Senior Officials regarding the progress, challenges and future plan of STAC.



CHAPTER 3

REGIONAL STRATEGY 2018-2023

The following activities will be undertaken by the SAARC Secretariat / STAC to facilitate collaboration among Member States.

Objective 1: Individual and collective strengths of Member States leveraged

1.1 To convene and coordinate specific cross-cutting initiatives As there are many potential areas of collaboration, the first strategy would be to narrow the areas of collaboration so that effective action can be put in place and results achieved. These could be programmatic areas that require intercountry or multilateral engagement. The following activities will be undertaken by the SAARC Secretariat/STAC to facilitate collaboration among Member States.

1.1.1 Development of Action plan: An action plan will be developed based on the identified themes and issues that are unique to South Asia in the context of HIV and AIDS. Political leadership, bureaucrats, technical experts, implementers and the community groups will use the ministerial meetings to identify mechanisms and actions for cooperation and ways for making investment by countries and development partners.

1.1.2 Expert Group meetings on HIV and AIDS: During the previous two phases of the strategy, Regional Expert Group on HIV and AIDS had conducted and will continue to provide technical support to the implementation of the next phase. The group will carry out the above consultation and be vested with the responsibility of taking forward collaborations in at least six identified areas:

(1)Human rights and stigma reduction- Human rights approaches reduce the vulnerabilities to the HIV/AIDS epidemic, and include various rights such as access to health care, information, confidentiality and privacy, legal rights and gender equity.



(2) Gender based approach

Gender equity is a cornerstone for effective HIV responses as inequity places women and sexual minorities at higher vulnerability. Zero stigma, discrimination and violence based on gender identity is an essential aspect of a robust HIV response.

(3) Prevention among vulnerable populations (youth/ migrant workers/ Armed forces etc ,and key affected populations

(4) Community involvement and engagement

(5) Multi- sectoral partnerships

As HIV/STI is not just a health issue, engagement of different sectors beyond health is necessary for ensuring a holistic and multi-dimensional response.

(6) Broad political commitment

The goal of Ending AIDS by 2030 will require strong leadership, commitment from all levels and concrete actions. Specific themes will be identified, where in specific and relevant experts are invited.

1.1.3 Facilitate, update and develop guidelines and frameworks: The STAC will facilitate sharing of all existing guidelines and frameworks that are relevant to the work of the Member States. In addition, with the help of technical support, national agencies will facilitate the development of specific frameworks and guidelines for South Asia, as the demand from Member States or other partners become apparent (e.g. treatment retention, harm reduction PMCT etc.).

1.1.4 Promote and strengthen regional networks: SAARC will facilitate the access to technical support and the capacity-building of regional networks of community groups (PLHIV, sex workers, IDUs, MSM, TG, etc.). Where they do not exist, SAARC/STAC will support their formation through partnerships. In addition, SAARC will include these networks in its various consultations and meetings.



Objective 2: Further the scale, quality and depth of programming

South Asia has some of the best HIV intervention and programme models, none the less there is potential for improvement. There is a need to scale-up the programmes and simultaneously deepen the quality of the programming at various levels. To this end, facilitating learning/sharing experiences and capacity-building are two strategies proposed.

2.1 Facilitating learning and sharing

The South Asia region has several good practice sites and intervention models that can be replicated and scaled-up across the region. Such good practices will be documented and learning disseminated across partners in the region. The Secretariat/STAC will facilitate the replication of successful initiatives, which will ensure intervention mistakes are not repeated and that high quality and scalable programs are implemented in the region. Key actions will include:

2.1.1 Identification and documentation of good practices in the region: These will then be made widely available on-line to all member countries.

2.1.2 Exposure visits: The STAC will continue to facilitate cross-country visits (within and outside the region) through the provision of advice and the promotion of a list of good practices.

2.1.3 Strengthening access to knowledge repositories and sharing knowledge through the web: The STAC will build a repository on its website, to which member states (including national programmes, civil societies and UN agencies) will be encouraged to contribute. The STAC will facilitate country partners' access to knowledge repositories such as the HIV/AIDS Data Hub for ASIA–Pacific.

2.1.4 Annual Regional Response Report:

2.2 Capacity-building:

2.2.1 Conduct regional skill-building workshops: Regional capacity-building workshops will be carried out through the technical support of regional partners (UNAIDS, UNDP, UNICEF, WHO and other UN, INGO, NGO, CSO partners). Themes under consideration include: advocacy skills; surveillance methodologies; good practices in prevention, treatment and care; and research methods. SAARC will coordinate and have input into the work plans of the regional technical agencies,



and will ensure that the SAARC mandates for capacity strengthening are addressed. STAC shall conduct new areas of capacity building programme like, harm reduction, PMTCT, ART etc.

2.2.2 Capacity-building plan and initiatives for the SAARC/STAC: The institutional capacity of STAC will be enhanced to ensure a sustainable response and implementation of the regional strategy. To this end, given this strategy (and the role of STAC) a capacity-building needs assessment will be carried out, which will guide the capacity-building actions



Objective 3: Supportive policies and adequately resourced programmes

The SAARC using its regional status, will advocate for supportive policies, laws, human rights approaches scaled-up programmes and will use certain standards and good practice to maintain the quality of as well as advocate for the allocation/mobilization of adequate financial resource for the member country programmes.

3.1 Advocate member countries and regional entities to scale-up interventions, using established good practices

Some member states have established good practices within targeted interventions and models of treatment, care and support, such as: harm reduction programmes in Nepal; a targeted interventions model for women in sex work from Bangladesh and India; crisis response systems in India; PPP models and corporate involvement in Bangladesh; community systems strengthening in India; involvement of religious leaders in Pakistan, Maldives and Bangladesh; mapping methodologies and tracking systems from India etc. There are many such examples, particularly from provinces, and not just at the national levels. Some of these have been identified as good practices, and there are written guidelines and other documentation available for replication. In partnership with UNAIDS, UNFPA, UNDP, UNICEF and other UN, NGO, CSO, and bilateral regional partners, SAARC/STAC should compile guidelines, documentation and use these for advocating for uptake in member states where there are gaps, as well as to leverage and capitalize on various consultations within member states and regional entities to advocate for the scaling-up of these successful interventions.

3.1.1 Disseminate guidelines and the documented good practices among key decision makers in the member states, for example, in different ministerial meetings and other forums.

3.1.2 Advocate member countries to cover their well-known mobility source and transit points with comprehensive prevention and treatment interventions and similarly the large mobility recipient cities/towns to also be covered by prevention, treatment, and care interventions.

3.1.3 Prepare 'advocacy packs' for countries and Goodwill Ambassadors so that they can more successfully advocate for the scaling-up of existing programmes in order to improve coverage and attract additional resources.



3.2 Resource mobilization: Advocate with regional entities and global organizations for adequate investment

The strategic investment framework is being developed at the global level. Based on the national & regional priorities, and global guidelines, SAARC will play a critical role in advocating for and garnering finances from global, regional and national entities. Some national entities also have aid programs that could be harnessed for financing need-based programmes in other member states. In addition, the SAARC development fund will also be utilized. SAARC will advocate for increased investment of domestic resources for HIV/AIDS programmes in the member countries.

A review of finance gaps and a needs paper will be developed for the region, which will be submitted to the SAARC Technical Committee on Health and Population to inform decisions regarding the allocation of SAARC development funds to support national actions for increased domestic contribution for a sustainable response to HIV/AIDS. This will be followed by a final review, which will be presented in an appropriate SAARC forum for advocating for the gradual increase of domestic contribution to the HIV/AIDS programme.

3.2.1 A paper on financing needs and gaps on national programmes (“Utilize National AIDS Spending Assessments” and other reports, as applicable).

3.2.2 Costing of regional interventions and a regional plan.

3.2.3 Using the coasted regional plan and member countries’ financing gaps to advocate to various stakeholders for new and/or increased funding, both for member countries as well as regional initiatives

3.3 Advocate for enabling policies and laws

There are examples of laws and policies in the region that promote and protect human rights and enable access to HIV services, e.g., laws that protect women and girls from violence and other rights violations; prohibiting discrimination on the grounds of HIV status or sexual orientation and gender identity; and rights-based workplace HIV policies, laws and policies that strengthen access to justice for key populations. These need further strengthening and implementation at the national level, as well as advocacy to promote collaboration on the drafting and implementation of such laws and policies across the region. Similarly, discriminatory or punitive laws, policies, and practices that hinder access to HIV



services, particularly by key populations, in the SAARC region need to be addressed. There are several transnational issues that need momentum, such as access to HIV drugs, removing legal barriers to accessing services, child protection from HIV, the rights of migrants, including access to health, etc. Concrete programmatic efforts to create enabling legal environments for HIV responses need momentum and high regional-level visibility and advocacy. Given that SAARC has access to various ministries, such as Home, Transportation, Culture, Labour, etc., it is ideally placed to undertake these critical advocacy initiatives, including regional dissemination of the report of the Global Commission on HIV and Law.

SAARC/STAC will work to develop a repository of all positive and negative laws, and will develop strategies to promote the positive laws in the region. These need to be reviewed, updated and utilized for advocacy meetings.



Objective 4: SAARC Supra National Reference Laboratory

Disease-specific functions of supranational research laboratories: HIV and AIDS

Diagnostic capabilities

Following facilities should be provided by the Supra National HIV/AIDS laboratories.

- Capacity for HIV sequencing and resistance testing. Hence laboratory should offer HIV viral sequencing for the detection of drug resistance inducing mutations (HIV drug resistance testing).
- Provide facilities for the detection and quantification of HIV viral copy numbers in test samples (HIV-PCR and HIV-DNA testing) to support national reference laboratories that lack in-house capacity
- Capacity for diagnosis of HIV infection among infants
- Implementation of quality assurance and proficiency testing for viral load testing, serology and lymphocyte subset enumeration.
- Provide an external quality assurance and proficiency-testing scheme for HIV Serology assays, and provide support in the interpretation of discrepant results.
- Provide HIV-DNA quality assurance and proficiency testing for centres performing these tests in Member states
- Assist the establishment of efficient data collection in Member States' national reference laboratories.

Public Health Functions:

- Develop, standardize or harmonize tools for laboratory data entry between Member States.
- Pool data to generate an overview of the status of Drug Resistance HIV in member states
- Utilize the sequencing facilities to enable the differentiation between subtypes and determine relationships between HIV strains, thereby generating



new epidemiological information regarding the patterns of HIV-DR and determinants of resistance in the region.

- Take a leading role in the evaluation for new assays and equipment relevant to the diagnosis and treatment monitoring of HIV and AIDS.
- Identify relevant research questions and coordinate operational research on HIV and AIDS.
- Training, capacity building, skills transfer

The expected output will be the collection of accurate data on the prevalence and pattern of HIV-DR in Member States, using standardized tools and quality-assured methods.



ANNEX A: OPERATIONAL PLAN

No.	Activities	Sub-activities
OBJECTIVE 1: 1.1.1	Action plan of cooperation consensus building consultation and agreement on ways forward	<ol style="list-style-type: none"> 1. Situational analysis of HIV scenario at country level to promote progress in line with Ending HIV/AIDS epidemic in 2030. 2. Consultations on strengths and gaps of HIV programme of member states and development of a plan document on technical cooperation. 3. Facilitate inter-country/multi-countries plan on delivering/sharing technical cooperation, including UN agencies, etc. 4. Facilitating partnership agreements and working together. 5. Strengthening networking with National Reference Laboratory on HIV/AIDS in SAARC member states (through correspondence) by STAC. 6. Situation analysis of mechanism for migrants diagnosed with HIV who need to continue their care, support, & treatment for HIV/AIDS (through correspondence). 7. Implementation of Migrant frame work strategy prepared by STAC
1.1.2	Regional Expert Group on HIV and AIDS formed	<ol style="list-style-type: none"> 1. Review the current membership of the expert groups, expand expert group to include regional thematic experts from civil society or academia, and extend one day of meeting on thematic consultation for knowledge sharing. 2. List experts for each thematic working group, no more than 20 experts per group.



No.	Activities	Sub-activities
1.1.3	Develop / facilitate guidelines and frameworks	<ol style="list-style-type: none">1. Facilitate sharing of frameworks and guidelines among member states and civil society.2. Develop (need based) South Asia relevant frameworks and guidelines, in partnership with technical agencies.
1.1.4	Develop regional project proposals	<ol style="list-style-type: none">1. Support/Facilitate/advocate with member countries in development and implementation of large city HIV prevention and treatment, projects, and help them to identify key sources of funding for regional proposals.2. Utilize Global Fund, World Bank, BMGF, Asian Development Bank (ADB), and other regional funding sources, and develop project proposals for regional initiatives.3. Build capacity for and facilitate regional proposals on operational research.
1.1.5	Promote and strengthen Regional networks	<ol style="list-style-type: none">1. Where there is no regional network of PLHIV and/or MARPs, provide platform and encouragement to form the same.2. Hold consultations and capacity building initiatives for the regional and national PLHIV networks and other key affected population (MARPs) and regional networks3. Bring in technical capacities for strengthening and monitoring.4. Plan for garnering resources for strengthening regional and national PLHIV and MARPs networks.



No.	Activities	Sub-activities
1.1.6	Access to drugs (ARV)	<ol style="list-style-type: none"> 1. Meetings with member states to review the gaps in ARV, opportunistic infections, and OST forecasting; procurement and supply chain issues; and how to fill in those gaps. 2. Issues related to access to HIV related diagnostics, including POC CD and VL testing, especially rapid testing facilities. 3. Agreements for supply of low-cost generic ARV either through bulk purchase or direct supply. 5. Retention in care mechanisms for mobile populations to be developed and need for multi-country OR by STAC.
OBJECTIVE 2:		
2.1.1	Identification and documentation of good practices in the region	<ol style="list-style-type: none"> 1. Develop, finalize, and share with member countries standardized format for documenting regional good practices, innovations, and lessons learned. 2. Countries to share existing (documented) country-level good practices, innovations, and lessons learned with STAC. 3. Collate existing documentation and guidelines and disseminate on website, other forums, and mechanisms. 4. Finalize list of good practices after receiving the documentation of the same from member states, including civil society.



No.	Activities	Sub-activities
2.1.2	Exposure visits	<ol style="list-style-type: none">1. Develop a database of delegates' attended/attending exposure visits to ensure that the right people attend and that exposure visits benefit the right people.2. Develop calendar for exposure visits, with consensus from member states.3. Facilitate in-country and regional cooperation in sharing expertise, good practice guidelines, and resources for prevention, treatment, care and support, surveillance system, and advocacy.4. Plan and facilitate cross visits for key policy/decision makers and programme planners on the identified thematic areas (within or outside the region).
2.1.3	Strengthening access to knowledge repositories and updating STAC website	<ol style="list-style-type: none">1. Ensure clear linkages with repositories of each member states.2. Link data and information repositories to the STAC website.3. Support member countries to develop/strengthen their websites.4. Link with data hub.
2.1.4	Engage media and existing list servers within the region	<ol style="list-style-type: none">1. Contributing to increasing visibility of list serves and social media links dealing with regional issues as well as national programmes by promoting these at various meetings, through emails and communications, as well as using Goodwill Ambassador advocacy opportunities.



No.	Activities	Sub-activities
2.1.5	Annual Regional Response Report	<ol style="list-style-type: none"> 1. Develop summary of region's progress – review for content and quality, make necessary amendments, and finalise in consultation with member countries. 2. Roll-out as per plan annual summary. 3. Strengthen regional data base on TB, HIV/AIDS, and TB/HIV co-infection (through correspondence).
2.1.6	Conduct regional skill-building workshops	<ol style="list-style-type: none"> 1. Meetings and advocacy with various technical agencies to host regional workshops on key priority areas identified in the strategy (prevention/treatment/human rights/ resource mobilization). 2. Coordinate participants from member states, particularly those involved in specific themes.
2.1.7	Capacity building plan and initiatives for the SAARC STAC	<ol style="list-style-type: none"> 1. Conduct a capacity-building needs assessment study in SAARC Member states 2. Develop a capacity-building plan and a human resources plan, both costed. 3. Secure human, financial, and technical resources to implement the capacity-building plan, taking advantage of the SAARC development fund.



No.	Activities	Sub-activities
OBJECTIVE 3		
3.1.1	Disseminate guidelines and other useful documents (evidence) among key decision makers in the member states	<ol style="list-style-type: none"> 1. Collate existing guidelines from member states (national and others), UN, etc. 2. Ensure relevant frameworks and guidelines are disseminated at appropriate international, national, and regional meetings and consultations. 3. Operational research on TB/HIV Co-infection: (treatment adherence among co-infected).
3.1.2	Goodwill Ambassadors for advocacy on scaling-up (including resource mobilization)	<ol style="list-style-type: none"> 1. Strengthen Good will ambassadors' programme.
3.1.3	Advocate with member countries to cover their well-known mobility source and transit points as well as large mobility recipient cities/towns with comprehensive prevention and treatment interventions	<ol style="list-style-type: none"> 1. Strengthen Goodwill Ambassadors programmes in well-known mobility source and transit points
3.1.4	During the previous strategy several think pieces and papers were developed. These need to be reviewed, updated, and utilized for advocacy meetings	<ol style="list-style-type: none"> 1. Review existing positive and negative laws. 2. Advocate with countries for making necessary reform or adjustment of law and policies in line with regional (UNESCAP) and global commitments (HLM 2011). 3. Prepare think pieces and documents for use during advocacy.



No.	Activities	Sub-activities
3.1.5	SAARC will facilitate and coordinate the inclusion of these themes in the various interministerial meetings to discuss crosscutting regional issues as well as specific member state policy issues	1. Dissemination, consideration, and implementation of recommendations of the Global Commission on HIV and the Law.
3.1.6	SAARC, in consultation with member countries, will take initiative to apprise top SAARC leadership in the forthcoming summit about progress made to date and will ask further guidance and support for achieving the global targets	<ol style="list-style-type: none"> 1. Update and utilize previously created evidence base and documents for the selected thematic areas for advocacy. 2. Facilitate and coordinate relevant ministerial meetings, including the SAARC summit, and include thematic issues in the meeting agenda. 3. Support communities to generate strategic information on the impact of stigma and discrimination on access to HIV services.
OBJECTIVE 4:		
4	Mobilize resources for implementing the regional strategy	1. Mobilise funds from external and internal sources, including SAARC development fund
4.1	Monitoring the progress of the SAARC work plan, human resource development, and capacity-building	Annual review of progress by Expert Group and the STAC Governing Board

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