

TALKING POINTS:

- We commend the WHO for leading the health sector response for HIV/AIDS. The work of the WHO in setting international norms and standards, providing ethical and evidence-based policy options, monitoring the health situation, setting a research agenda, and providing technical support and building capacity for countries has been critical for an effective HIV/AIDS response at the global and national levels. The United States is pleased to have worked collaboratively with the WHO in these efforts through the President's Emergency Plan for AIDS Relief (PEPFAR).
- We are heartened that the new Global HIV/AIDS Strategy for 2011-2015 continues to emphasize WHO's important role in supporting countries as they lead their national responses to HIV/AIDS. We note the WHO Strategy reaffirms internationally agreed HIV commitments and is well-aligned with the new UNAIDS Strategy for 2011-2015. *At the same time, we would strongly support and highlight the ~~commitments~~ made by Brazil to use the time before the Health Assembly to further suggestion*
- We support the global goals of the Strategy to reduce new HIV infections, eliminate HIV infection in children, reduce HIV-related mortality, and reduce tuberculosis-related mortality and the strategic directions for achieving these goals. *again the Strateg*
- However, *The US is proud to be the leading international donor on HIV/AIDS prevention, treatment and care.* to achieve the ambitious goals of the Strategy, consideration must be given to the current global economic climate and the challenges of meeting the resource requirements of an evolving HIV epidemic. *as highlighted by Uganda* Deliberate steps must be taken to identify opportunities to improve cost-effectiveness and efficiency of evidence-based HIV programs. At a minimum, national governments should commit to shifting resources away from interventions that fail to achieve significant, measurable results to those that are locally-tailored, evidence-based and that will maximize health impact.

- For each strategic objective, it will be essential to assess what level of investment is needed to achieve each of the global goals.

• In addition, investments in strategic information are needed to advance and improve the measurement of adult (especially young adult) incidence, pediatric HIV prevalence and incidence, and cause-specific mortality.

- As indicated in the Strategy, WHO should work closely with the UNAIDS Secretariat to estimate the investments needed to achieve global goals. This would include the development and implementation of tools to cost national health-sector plans and working with development partners to improve efficiencies in the implementation and management of development assistance funds and the provision of technical support.
- We know that, like many parts of WHO, the HIV/AIDS Department is conducting its critical work under budgetary constraints. We would like to have more information on different budget scenarios and how they will impact WHO's ability to deliver results on these ambitious goals.
- To maximize WHO's effectiveness, we also need to draw clear distinctions between aspects of the strategy that are in WHO's areas of expertise and those where other actors are more likely to achieve results.
- In the area of vulnerable groups, for example, the United States is of the view that WHO can be most effective at setting norms and guidelines for service delivery to these populations or in providing technical support in the roll out of such guidance. WHO should ~~not, however, move in the direction of a human rights advocate,~~ recognizing that UNAIDS and other parts of the Joint Program have the mandate and expertise to carry out ~~that work~~ the core work of human rights

advocacy

- Two important areas of work are not well represented in the Strategy but are areas where WHO can play a critical role to achieving progress. WHO should place greater emphasis on the importance of
 - Building workforce capacity and establishing a pipeline that will ensure a steady supply of well-trained, qualified public health professionals, and
 - Strengthening laboratory systems and services as a key component to advancing and achieving the Strategy's goals and objectives

- Finally, but importantly, the Strategy makes several references to the need to foster an open competitive market for ARVs to contain ARV costs, but does not recognize the importance of voluntary licenses and the Medicines Patent Pool as key opportunities for ensuring that that happens. The Strategy does encourage the use of differential pricing for patent protected medicines to ensure affordable access, but recent studies have demonstrated that differential pricing does not always have the impact on the pricing of medicines that robust generic competition does. The Medicines Patent Pool aims to enhance competition to bring down the prices in developing countries, which the strategy advocates. The Pool can also encourage needed new innovation, especially to help treat children and create fixed-dose combinations necessary to scaling up and improving HIV treatment in resource poor settings. The ^{initial} license from the U.S. National Institutes of Health ^{to the MPBP announced in September} was an important first step; but to succeed it is critical to have more companies joining the Pool to scale up HIV treatment.