



# **SAARC Regional Strategy on HIV/AIDS**



**SAARC TUBERCULOSIS AND HIV/AIDS CENTRE  
NEPAL**





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**2013-2017**

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# ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
FSW	Female sex worker
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
IDU	Intravenous drug user
MARP	Most at risk population
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NGO	Non-governmental organization
PWID	Person who Inject Drugs
PLHIV	People Living with HIV
SAARC	South Asian Association for Regional Cooperation
STAC	SAARC Tuberculosis and HIV/AIDS Centre
TG	Transgender
TRIPS	Trade Related Intellectual Property Rights
UDHR	Universal Declaration of Human Rights
UNAIDS	Joint United Nations Program on HIV/AIDS
UNESCAP	UN Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
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.

As a whole, the SAARC region has a low level of HIV infection, but the sheer numbers of people living with HIV (PLHIV) is quite high, estimated at 2.57 million, with the largest burden shared by three countries: India 2.4 million, Pakistan 98,000, and Nepal 64,000. The epidemic is concentrated in certain geographical pockets (six states of India, large cities of Pakistan, and large cities and bordering districts of Nepal) and among key affected population, such as sex workers, men who have sex with men (MSM), people who inject drugs (PWID), and transgender people. Currently, only 432,387 people are receiving antiretroviral therapy (ART). Coverage of prevention and treatment services among key affected populations is also quite low. More positively, however, the overall low level of the epidemic can also be seen as an opportunity to contain the transmission, providing the correct actions are taken immediately.

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, 4–6 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. Specifically, the strategy aimed at containing the epidemic and mitigating the socio-economic impact of the disease in the region.

During the 13<sup>th</sup> SAARC summit held in Dhaka on 12–13 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 on the increase. The current strategy is an effort to strengthen the regional responses based on lessons learned from the outcomes of the first 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, academics, health

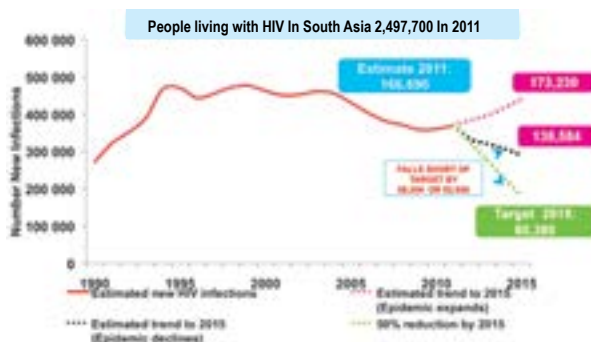
### **OBJECTIVES OF THE ASSOCIATION (AS DEFINED IN THE CHARTER)**

- 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.

professionals, the private sector and the media. The strategy acknowledges the rights and responsibility of all members of and groups in society to play an active role in the efforts to reach the proposed goals and objectives of the strategy.

## 1.1 HIV and AIDS situation analysis

South Asia overall is a region of low HIV prevalence, at less than 1 percent of the general population. Four of the eight countries in the region – India, Bangladesh, Pakistan and Nepal - have concentrated epidemics, with prevalence rates varying from 2 to 7 percent among key



affected populations. The HIV virus has shown a declining trend in some of the countries of the region, although it is on the rise among certain population groups and in specific areas. In Pakistan, for example, there has been a 25 percent increase in the infection rate among adults 15 to 49 over the decade 2001–2011, while the rates in Bangladesh, Afghanistan and Sri Lanka show only a slight increase.<sup>1</sup> On the other hand, in countries such as Nepal and India, there is more than a 50 percent decrease in the incidence rates. Bhutan and Maldives also have very low prevalence rates with only a negligible increase over the same period. In South Asia, like in other parts of Asia, the HIV epidemic remains largely concentrated among the most-at-risk populations, such as sex workers, injecting drug users (IDUs), men who have sex with men (MSM), transgender people (TG) and clients of sex workers and their immediate sexual partners. There has been notable progress towards achieving the Millennium Development Goal (MDG)6 (*Halt and reverse the spread of HIV*), but much needs to be done to make this trend universal in this region.

We see a rising trend in coverage, though insufficient in many of the Member States. Overall, there has been a marked improvement in reporting and surveillance systems, though much more strengthening is required. The programme coverage ranges from low to very low and treatment in particular falls short.

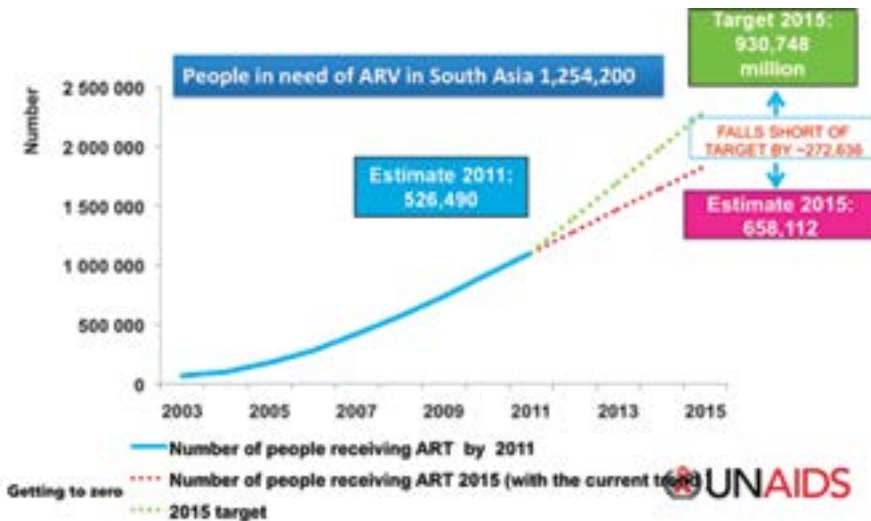
The size of the HIV epidemics in South Asia depends to a large extent on rates and patterns of partner change (both inside and outside commercial sex), structural factors (poverty, gender

1 Changes in the incidence rate of HIV Infection among adults 15–49 years old, 2001–2011. There are only nine countries in the world that are showing an increase in the incidence rate of HIV, two of which are from the South Asia region. Source: UNAIDS Report on the global AIDS epidemic, 2012.

inequality) large sex work concentrations and migration. Each of these factors individually and collectively influences sexual behaviours and networking patterns.<sup>2</sup>

South Asia is home to nearly 4 million female sex workers (FSWs),<sup>3</sup> 2.73 million MSM (high-risk), and 0.36 million IDUs,<sup>4</sup>— all of whom are considered most at risk to HIV infection. Currently, the region has about 2–3.5 million people living with HIV, 75 percent of whom are estimated to be among these key affected populations. They are the most vulnerable, marginalized and discriminated against individuals, and they are often denied their rights to services. Exploitation is very high among this group, and lack of any legal and social protection compounds their vulnerabilities. Lack of social recognition, particularly for the transgender community has further hindered any development and recognition of human rights for this group.

High levels of stigma and discrimination exist towards PLHIV and key affected populations. The PLHIV stigma index report reveals that people living with HIV consistently face discrimination in the form of: (1) exclusion from social gatherings (Pakistan, 25 percent; Bangladesh, 6 percent), (2) exclusion from religious activities (Pakistan, 18 percent), (3) forced to move or unable to rent accommodation during the previous 12 months (Pakistan, 20 percent; Sri Lanka 5 percent), and (4) loss of employment and income (Pakistan, 28 percent), among other such issues.<sup>5</sup>



Gender discrimination, lack of women empowerment and various other issues in the South Asia region amplify the vulnerabilities of these already highly marginalized communities – based on

2 World Bank, 2009. *HIV and AIDS in South Asia: an economic development risk*, edited by Marcus Haacker and Mariam Claeson.  
 3 UNAIDS 2010 estimates from Afghanistan, Bangladesh, India, Pakistan, Nepal, and Sri Lanka.  
 4 UNAIDS, 2010 estimates from Afghanistan, Bangladesh, India, Pakistan, and Nepal.  
 5 PLHIV Stigma Index, Asia Pacific Regional Report, 2011.

caste or other social exclusion. Half of all women in South Asia face violence in their home,<sup>6</sup> and evidence from the Region demonstrates that HIV is a risk factor for such violence. Further, women living with HIV face not only violence in the home but also violence in healthcare settings, including denial of access to adequate sexual and reproductive health services and forced and coerced sterilization.<sup>7</sup> Also, such key affected populations as MSM, TG, sex-workers and IDUs are at a heightened risk of violence that may make them even more vulnerable to HIV.

Despite these challenges, some South Asian countries have made progress in some of these important areas, notably in women's empowerment, amendments to some of restrictive laws, recognition of the third gender, and significant contributions to making affordable ARVs available in the region and globally.

SAARC is uniquely positioned to advocate for sustaining and scaling-up targeted high-impact HIV interventions; for while some countries in the region are showing progress, the vulnerability factors along with social and legal barriers will continue to fuel the epidemic.

## 1.2 Lessons from the SAARC Regional Strategy on HIV and AIDS (2006–2010)<sup>8</sup>

The regional SAARC HIV/AIDS Strategy 2006–2010 provided guidelines to support Member States in strengthening National responses to the affected community in the region. The previous strategy was well accepted and the regional partners made use of the strategic guidelines and recommendations highlighted in the strategy. It identified areas of policy change, including increasing the visibility of HIV issues at the national level and increasing domestic resources to support prevention and treatment programmes, including mitigating the impact of HIV on women and other vulnerable populations. Other key strengths and achievements made by the SAARC since its first regional strategy are<sup>9</sup>:

- Increased political commitments
- More advocates and champions (Goodwill Ambassador for HIV/AIDS)
- Clear mechanism to lead the strategy
- Coordination mechanism
- Technical committee to review progress
- Human resource development

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6 OXFAM International, 2004. Oxfam briefing paper: "Towards Ending Violence Against Women in South Asia."

7 "Positive and Pregnant: How Dare You," 2012.

8 Extended in 2010 to 2012.

9 UNGASS 2012 country reports are one of the major sources for this information.

### Some key highlights from 2006–2010:

- Developed SAARC Regional Strategic Framework for the Protection, Care and Support of Children Affected by AIDS. This assisted member states in developing and maintaining a consistent approach to the protection, care and support of children affected by HIV/AIDS.
- Developed a guide to the Monitoring and Evaluation of the National Response for Children Affected by HIV/AIDS, which provides member states with a core set of indicators to monitor the progress of national efforts to address issues facing children affected by HIV/AIDS.
- Facilitated a platform for communities and networks of PLHIV, and especially women living with HIV.
- Promoted civil society engagements working on HIV and/or gender issues.
- Facilitated discussions on transnational issues, injecting drug use, and migration & mobility.
- Promoted high-level advocacy by Goodwill Ambassador Programmes, SAARC Conference and ACSM Strategy
- Promoted human resource development and research.

Despite this progress, more needs to be done to address vulnerabilities and to strengthen inter country coordination mechanisms.

### 1.3 Global and regional commitments and guidance

There are a number of global, regional, and national commitments and guidance that are critical to keep in mind while developing the SAARC strategy. These are:

- a) The 10 high-level meeting targets of the UNAIDS “Global Strategy on Getting to Zero” (2011–2015)
- b) UN Economic and Social Commission for Asia and the Pacific (UNESCAP) resolutions 66/7, 66/10 and 67/9
- c) Rio +20 outcome document 2012: *The Future we Want*
- d) UN Human Rights Council Resolution 16/28 (2011): *The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)*
- e) WHO Global HIV/AIDS Strategy
- f) Key commitments of UNGASS Political Declaration 2011 on HIV/AIDS
- g) UNAIDS International Human Rights Guidelines on HIV/AIDS
- h) Millennium Development Goals and International Conference on Population Development Plan of Action
- i) The Charter for the SAARC

- j) SAARC Conventions on:
  - a. Combating and Prevention of Trafficking in Women and Children for Prostitution
  - b. Promotion of Welfare of Children
- k) SAARC Tuberculosis and HIV/AIDS Centre vision, mission and objectives.
- l) National Strategic Plans of countries in the SAARC region

All of the above have been taken into account while drafting this strategy document on HIV and AIDS.

## 1.4 The role of SAARC and comparative advantage

The focus of SAARC is cooperation among member states for mutual benefits. The socio-political links and combined technical strength of SAARC offers the prospect of fostering leadership in relation to HIV/AIDS policy and programme. SAARC has established mechanisms, especially through its Senior Officials Meetings, to facilitate and promote linkages across a number of crucial areas (for example, social justice, labour, youth, transport, culture and information). These, together with the shared socio cultural bonds in the region, give it the potential to be an effective force in the promotion of strategies to address HIV/AIDS.

The report of the Commission on AIDS in Asia clearly set out the agenda for the HIV/AIDS response in the region based on the evidence and good practices and many of the countries in the region have benefited from its clear and strong recommendations. The Commission's specific recommendations to SAARC and to the Association of South East Asian Nations (ASEAN) are:

- a) Take leadership in enhancing HIV responses and serve as platforms for promoting new understanding and approaches across the region.
- b) Assume a stronger role in negotiations on antiretroviral drug prices and the regular monitoring of the AIDS response in high-level political forums.
- c) Continue to offer strategic platforms for political advocacy. This may also be timely given the many actors and agendas and the resultant complexity of responses.
- d) Produce evidence-based reports on progress against HIV/AIDS and use them as advocacy tools for scaling-up responses at the country-level.
- e) Play a key role in mobilizing political commitment for a coordinated and long-term HIV/AIDS response in the region.

SAARC bodies are uniquely placed to translate these recommendations into regional action programmes. Summits and other gatherings can serve as platforms for monitoring their implementation.

## 1.5 Programmatic priorities

The following programme priorities were developed based on the previous SAARC consultation held in Islamabad, Pakistan in June 2012:

- a) Prevention
- b) Treatment, care and support
- c) Advocacy, supportive laws and advancement of human rights
- d) Resource mobilization

Given the above priorities, the SAARC has agreed to a set of targets for itself in this area, in line with the 2011 Political Declaration on HIV/AIDS.<sup>10</sup>

1. Reduce sexual transmission of HIV by 50 percent by 2015.
2. Reduce transmission of HIV among people who inject drugs by 50 percent by 2015.
3. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths.
4. Reach about 1 million people living with HIV with life saving antiretroviral treatment by 2015.
5. Reduce tuberculosis deaths in people living with HIV by 50 percent by 2015
6. Close the global AIDS resource gap by 2015 with increased domestic investment in HIV/AIDS.
7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV.
8. Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms.
9. Eliminate HIV-related restrictions on entry, stay and residence.
10. Eliminate parallel systems for HIV-related services to strengthen integration of the HIV/AIDS response in global health and development efforts.

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10 See [www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/](http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/).



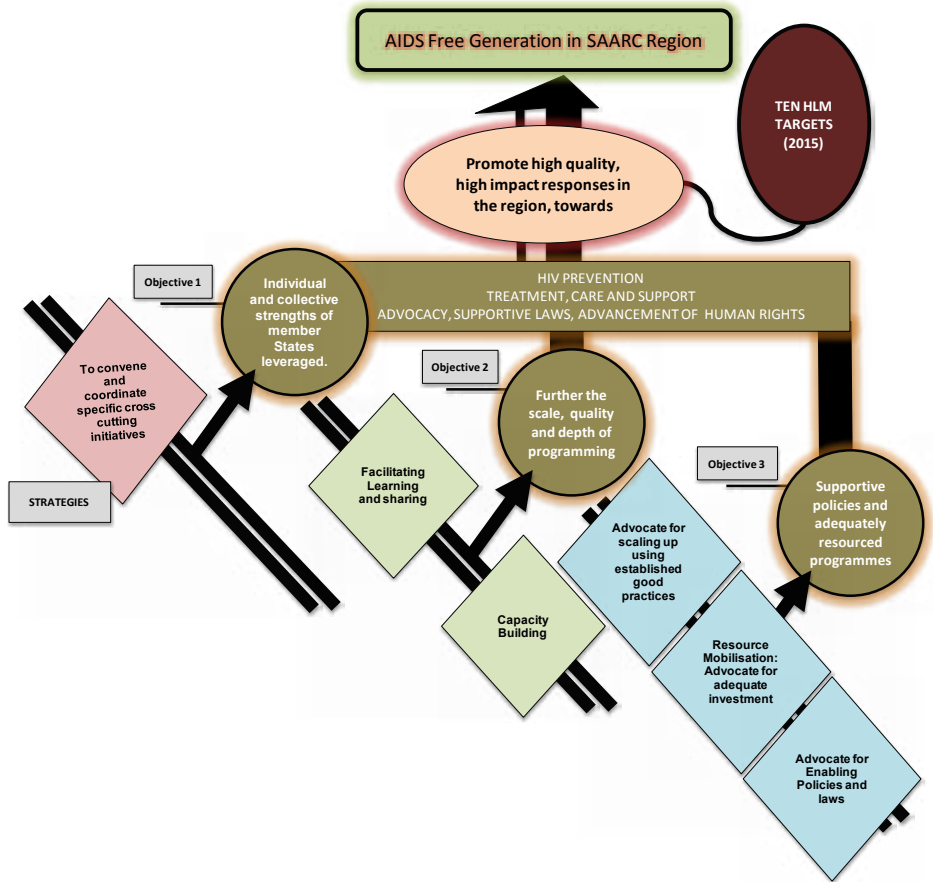
# GOALS, STRATEGIES AND PROPOSED ACTIONS

This new HIV/AIDS strategy of SAARC (2013–2017) is based on:

- i. The (epidemic) situation analysis
- ii. Regional and multi-country socio-economic drivers
- iii. Lessons from SAARC 2006–2010 plan implementation
- iv. Global & Regional commitments and guidance
- v. The role of SAARC and its comparative advantage
- vi. Programmatic priorities that were arrived at through consensus at the previous SAARC meeting in Islamabad.

The vision for SAARC is an “**AIDS free generation in the SAARC region.**” The goal is to “**Promote high quality, high impact responses in the region towards achieving the ‘Three Zeroes’: Zero new HIV infections, Zero discriminations, and Zero AIDS-related deaths.**”

SAARC is uniquely positioned to establish and maintain strong links with regional and international organizations as well as Member States. The SAARC is also in a unique position to negotiate commitments in a region where there is significant diversity and challenges. Being a regional platform, SAARC can facilitate and perform the larger and more strategic function of being a regional body. Below is a conceptual framework that captures the vision, goal, objectives and strategies for achieving this vision.



## Objective 1: Individual and collective strengths of Member States leveraged

Member States provide substantial strength in terms of their individual abilities to address pandemics such as HIV/AIDS. Sri Lanka's health system, Nepal's and Bangladesh's recent successes in maternal and child health, and India's leadership in HIV prevention among key affected populations MARPS are some examples of the inherent and acquired strengths of the Member States. SAARC as a regional body will encourage use of these strengths to the Member States themselves and other members in the region. Given the many similarities of the Member States, there is an opportunity to effectively

leverage resources, lessons, good practices and models that exist in the region for a comprehensive response against the HIV epidemic. Within the region, Member States have reasonable technical capabilities, financial & human resources data and information on vulnerabilities to HIV, which if shared among other Member States can evolve into a comprehensive response plan for the prevention, control and management of HIV in the entire region. Following are the key proposed strategies to leverage the strengths in the region.

### Areas for collaboration:

1. Surveillance system and research
2. Addressing the needs and rights of key affected populations and vulnerable groups
3. HIV services for migrants
4. Prevention of parent-to-child transmission
5. Strengthen diagnostic and treatment services
6. Access to drugs
7. Treatment adherence
8. Stigma reduction
9. Advancement of human rights
10. Social protection and mainstreaming
11. Private public models

### 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 **Action plan of cooperation:** 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. The SAARC development fund can be used to finance the action plan; and SAARC will facilitate STAC and other partnerships among Member States and regional entities.

- 1.1.2 **Regional Expert Group meetings on HIV and AIDS:** During the previous phase of the strategy, Regional Expert Group on HIV and AIDS had been set up and these will continue to provide technical support to the implementation of the second phase. The group will carry out the above consultation and be vested with the responsibility of taking forward collaborations in at least five identified areas: (i) surveillance systems;(ii) prevention among vulnerable youth and key affected populations, including mobile populations;(iii) access to drugs;(iv) advancement of human rights; and (v) HIV services for migrants). Specific themes will be identified, where in specific and relevant experts are invited and the expert group meetings are extended by an additional day.
- 1.1.3 **Facilitate and develop guidelines and frameworks:** The STAC will (through the website and other mechanisms) 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, regional framework on migrants and mobile populations etc.).
- 1.1.4 **Developing regional project proposals:** In order to raise adequate resources for addressing regional issues as listed above, the SAARC Secretariat will facilitate preparation of project proposals to be submitted to the Global Fund and other funding mechanisms and organizations. Support will focus on facilitating the provision of technical support to prepare regional proposals, investment on conducting regional-level research studies to create better evidence, etc. SAARC, in consultation with Member States and STAC, may undertake special initiatives/project addressing the need for key affected populations in large cities in South Asia where the epidemic is concentrated.
- 1.1.5 **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.
- 1.1.6 **Facilitate access to important drugs:** SAARC/STAC will facilitate a meeting of member states to review the gaps in ARV, OI (opportunistic infections), and OST (oral drug substitution therapy) forecasting as well as overall procurement and supply-chain issues and will develop a plan (by the member country) to fill in those gaps (including support required from other countries and SAARC). In this meeting, issues related to access to HIV-related diagnostics, including point-of-care, CD and VL testing will be discussed. The meeting will also conduct a review

of factors affecting the utilization of TRIPS (Agreement on Trade Related Aspects of Intellectual Property Rights) flexibilities in SAARC countries, including but not limited to trade agreements and develop strategies to enable SAARC countries to use, to the full, existing TRIPS flexibilities specifically geared to promoting access to and trade in medicines.

The collective strength of member states will be leveraged by SAARC to ensure an adequate supply to all the member countries of both drugs and kits. SAARC will also advocate member states to include ARV, HIV rapid testing kits and other related items on the Essential Drug List. Additionally, SAARC will convene and advocate for shared vision and collaboration against the TRIPS+ provisions and other developments that may limit a country's ability to use TRIPS flexibilities and will work to improve investments in the Procurement and Supply Management Systems (PSM) by the member countries. Civil society groups, including affected community groups, will participate in these discussions. A framework and mechanism for the treatment and care of mobile populations will also be developed in consultation with other partners who are already working in this field.

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

South Asia has some of the best HIV intervention and programme models, but there is nonetheless 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 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:** The SAARC/STAC will encourage member states to list and document (in a simple format provided by SAARC/STAC) various good practices and models that exist at the country level and share them with SAARC/STAC. 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 or 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. The good practices identified and documented will also be made available through the SAARC/STAC website and the regional data hub.
- 2.1.4 **Engage media and existing list servers within the region to promote information and learning:** There are already existing list servers, such as AIDS Asia, Solution Exchange, etc., and professionals from the region will be encouraged to participate in an E-forum by promoting membership and posting contributions on the list server. In addition, SAARC/ STAC will promote this strategy and its activities through these various forums so as to elevate the profile of SAARC and to ensure the necessary support.
- 2.1.5 **Annual Regional Response Report:** Since all SAARC member states have signed on to the HLM targets, an annual summary on regional progress will continue to be drafted and disseminated among member countries. This summary will include member states' progress, but also progress in cross-cutting regional initiatives. Going forward, this will also include HLM targets, Global AIDS Response Progress Reporting (GARP) indicators, an epidemiological report, and a good practice summary / listing.

## **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.
- 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. Some funds from the SAARC development fund can be used to finance this. 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 costed 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 and 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.

The activities proposed are:

- 3.3.1 During the previous strategy several think pieces and papers were developed. 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.

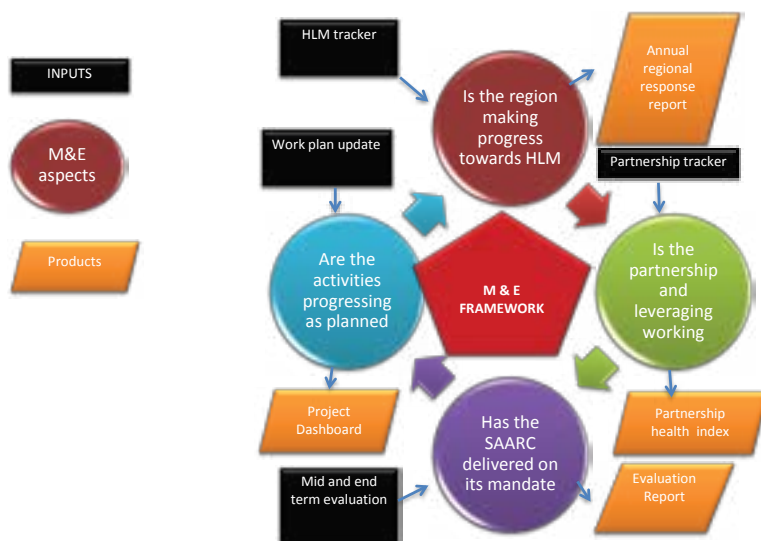


- 3.3.2 SAARC will facilitate and coordinate the inclusion of these themes in the various inter ministerial meetings to discuss cross-cutting regional issues as well as specific member state policy issues. Special consideration will be given to the dissemination, consideration and implementation of recommendations of the Global Commission on HIV and the Law
- 3.3.3 SAARC in consultation with member countries will take the initiative to apprise senior SAARC leadership during the forthcoming summit about the progress made so far based on the declaration of the 2004 summit and will ask for further guidance and support for achieving the global commitment of the HLM targets. Support will be given to communities to generate strategic information on the level stigma and discrimination affecting access to HIV services.

## CHAPTER 3

# MEASURING PROGRESS

Articles V and VI of the SAARC Charter clearly lay out the roles and responsibilities of the Standing Committee and Technical Committee, respectively, which are responsible for the implementation, coordination and monitoring of the programmes in their respective areas of cooperation. In line with the strategy and actions laid out in Chapter 2, SAARC will adopt the following M&E framework to monitor the implementation of this strategy:



The strategy roll-out will be monitored through the following mechanisms:

- An Annual Regional Response Report summarizing progress made in the region against the set HLM targets, GAR P indicators and other key areas (see 2.1.5, above).
- A STAC-\ level review every quarterly or half yearly against the operational plan (see Annex A) and the milestones defined in this plan. This will also be made available to all member countries.
- A partnership health index that reviews the level of collaboration between member countries, SAARC and partners.
- An independent mid-term and end-term review of the strategy and its roll out to inform SAARC on progress, constraints and outstanding issues.

# INSTITUTIONAL ARRANGEMENTS

There are three kinds of stakeholders who are responsible for the implementation of the SAARC Regional HIV/AIDS strategy. The SAARC TB and HIV/AIDS Centre is the implementing body for the SAARC HIV Strategy. The SAARC Secretariat, which handles all SAARC-related policy matters, gives policy guidance and coordination support. The member countries have a role to play in supporting the STAC to ensure technical cooperation and inputs.

Through the implementation of this strategy, STAC and the SAARC Secretariat will work on developing partnership agreements with technical agencies, civil society groups, academia and others, which will support implementation of the various activities over the next five years.

## CHAPTER 5

# FINANCING

During the fourth SAARC Health Ministers meeting, held in the Maldives (10–11 April 2012), it was agreed that a review of funding needs and priorities will be conducted with the support of UNAIDS and UNDP. As a first step, this strategy document, which also has an operational plan, will be costed by the SAARC Secretariat/STAC. This clearly costed plan will also identify potential sources of funding for each of the activities.

Activities will be divided into two parts:

- Where funding is available and activities can start
- Where funding needs to be raised and then applied

The financing will have multiple sources:

- a) SAARC Secretariat funding (small, largely Secretariat activities)
- b) Member State contributions – both cash and kind (e.g., in-country and cross visits, drugs, etc.)
- c) Bilateral and multilateral (UNAIDS, UNODC, UNDP and others)
- d) Global entities

Once the costed plan and sources are ready, fundraising will be initiated by the Secretariat/STAC and other development partners. The envisioned post-funding actions will be scheduled in such a way that they can be quickly implemented once the funding is in place. These will be modular (and not inter linked) – for example, funding for the regional coordination mechanism can be raised from the Global Fund. However, this does not affect the learning and sharing visits, which can be largely funded by the member countries themselves with coordination from SAARC.

## ANNEX A: OPERATIONAL PLAN

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partner-ships	Time line	Milestone
1	Individual and collective strengths of Member States leveraged to fight HIV/AIDS								
1.1.1			Action plan of cooperation: consensus-building consultation and agreement on ways forward	<p>1. Situational analysis of HIV scenario at country level to promote progress in line with global (HLM) and regional (UNESCAP) commitments.</p> <p>2. Consultations on strengths and gaps of HIV programme of member states and development of a plan document on technical cooperation.</p> <p>3. Facilitate inter-country/multi-countries plan on delivering/sharing technical cooperation, including UN agencies, etc.</p> <p>4. Facilitating partnership agreements and working together.</p> <p>5. Identification and networking with National Reference Laboratory on HIV/AIDS in SAARC member states (through correspondence) by STAC.</p> <p>6.11. Situation analysis of mechanism for migrants diagnosed with HIV who need to continue their care, support, &amp; treatment for HIV/AIDS (through correspondence).</p>	<p>Already agreed on areas of cooperation, e.g.:</p> <ol style="list-style-type: none"> <li>Leveraging India's centres for ART training, targeted intervention, migrant strategy for other member states</li> <li>Maternal and child health programme from Bangladesh and Nepal</li> <li>Health systems from Sri Lanka</li> <li>Surveillance from Maldives</li> </ol>	Member States, SAARC Sect., and STAC	Researchers/ UN and other development partners	2014–2017	<ol style="list-style-type: none"> <li>At least two consultations on planning and finalization of areas of cooperation, the source and the beneficiaries</li> <li>Document highlighting the areas of technical cooperation between the member states and costed action plan</li> <li>Partnership agreements</li> <li>Each of the identified themes have a framework and a guideline for intervention</li> </ol>
		1.1 To convene and coordinate specific cross-cutting initiatives							

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
1.1.2			Regional Expert Group on HIV and AIDS formed	<p>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.</p> <p>2. List experts for each thematic working group, no more than 20 experts per group.</p> <p>3. Organize and co-opt partner agencies to host webinars and list serve discussions on the regional themes for the thematic working groups.</p>	Treatment expert group , expert group on PWID and others	SAARC Secr. and STAC	Researchers/ UN and other development partners	2013– 2014	List of experts, plan for consultations, activity plan, dissemination of guidelines
1.1.3			Develop / facilitate guidelines and frameworks	<p>1. Facilitate sharing of frameworks and guidelines among member states and civil society.</p> <p>2. Develop (need based) South Asia relevant frameworks and guidelines, in partnership with technical agencies.</p>		SAARC Secr. and STAC	Member states/UN and development partners and others	2013– 2014	-Guidelines and frameworks developed and shared
1.1.4			Develop regional project proposals	<p>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.</p>	Thematic group on OR	SAARC Secr. and STAC	STAC, member states, country coordination mechanisms, UN and other development partners	2014– 2017	At least one project proposal each in two regional themes

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
1.1.5			Promote and strengthen regional networks	<p>2. Utilize Global Fund, World Bank, BMGF, Asian Development Bank (ADB), and other regional funding sources, and develop project proposals for regional initiatives.</p> <p>3. Build capacity for and facilitate regional proposals on operational research.</p> <p>1. Where there is no regional network of PLHIV and/or MARPs, provide platform and encouragement to form the same.</p> <p>2. Hold consultations and capacity-building initiatives for the regional and national PLHIV networks and other key affected population (MARPs) and regional networks</p> <p>3. Bring in technical capacities for strengthening and monitoring.</p> <p>4. Plan for garnering resources for strengthening regional and national PLHIV and MARPs networks.</p>		SAARC Sect. and STAC	Member state, UN and development partners	2014–2015	At least one consultation/capacity-building initiative per year
1.1.6			Access to drugs (ARV)	<p>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.</p> <p>2. Issues related to access to HIV-related diagnostics, including POC CD and VL testing, especially rapid testing facilities.</p>		SAARC Sect. and STAC	Member states, UN and development partners	2014–2017	At least one member state resolving the shortage of ARV supply. Capacity of countries in the region built up on procurement and supply chain management issues,

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone	
				<p>3. Conduct a review of trade agreements in the region to:</p> <p>a. Identify how trade agreements support or hinder access to HIV-related medicines and services;</p> <p>b. Review the interaction between such trade agreements and respective states TRIPS obligations, as well as their subsequent impact upon implementation of public health provisions under TRIPS.</p> <p>4. Agreements for supply of low-cost generic ARV either through bulk purchase or direct supply.</p> <p>5. Retention in care mechanisms for mobile populations to be developed and need for multi-country OR by STAC.</p>						including distribution issues, through training by an agency experienced in this area.
2. Further the scale, quality, and depth of programming										
2.1.1		2.1 Facilitating learning and sharing	Identification and documentation of good practices in the region	<p>1. Develop, finalize, and share with member countries standardized format for documenting regional good practices, innovations, and lessons learned.</p> <p>2. Countries to share existing (documented) country-level good practices, innovations, and lessons learned with STAC.</p> <p>3. Collate existing documentation and guidelines and disseminate on website, other forums, and mechanisms.</p>	Prevention (TI), harm reduction, migrants and mobile populations, closed settings); community engagement and empowerment; surveillance; treatment (scaling-up, retention);	STAC	Member states, CSOs, UN and other development partners	2013–2014	Partnership agreements with programmes/projects	



No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
2.1.2			Exposure visits	<p>4. Finalize list of good practices after receiving the documentation of the same from member states, including civil society.</p> <p>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.</p> <p>2. Develop calendar for exposure visits, with consensus from member states.</p> <p>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.</p> <p>4. Plan and facilitate cross visits for key policy/decision makers and programme planners on the identified thematic areas (within or outside the region).</p>	<p>TRIPS and PSM; social protection; policies and human rights; engagement of law enforcement agencies/religious groups</p> <p>Prevention (TI), harm reduction, migrants and mobile populations, closed settings); community engagement and empowerment; surveillance; treatment (scaling-up, retention); TRIPS and PSM; social protection; policies and human rights; engagement of law enforcement agencies/religious groups</p>	STAC	Member states, CSOs, UN and other development partners	2013–2014	1. At least two cross visits facilitated on two different models

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
2.1.3			Strengthening access to knowledge repositories and updating STAC website	<ol style="list-style-type: none"> <li>1. Ensure clear linkages with repositories of each member states.</li> <li>2. Link data and information repositories to the STAC website.</li> <li>3. Support member countries to develop/strengthen their websites.</li> <li>4. Link with data hub.</li> <li>5. Prepare SAARC Technical Bulletin on Tuberculosis and HIV/AIDS Epidemic (monthly) for electronic circulation to member states</li> </ol>	Same as above	STAC	Member states, CSOs, UN and other development partners	2013–2014	<ol style="list-style-type: none"> <li>1. Clear communication channel and data sharing agreement with at least one knowledge repository;</li> <li>2. Links on STAC website to data of member states and regional information</li> </ol>
2.1.4			Engage media and existing list servers within the region	<ol style="list-style-type: none"> <li>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.</li> </ol>	Same as above	STAC	Member states, CSOs, and development partners	2013–2014	<ol style="list-style-type: none"> <li>1. Increased use of data/evidence in consultations, meetings, and decisions and in Goodwill Ambassador advocacy events.</li> </ol>
2.1.5			Annual Regional Response Report	<ol style="list-style-type: none"> <li>1. Develop summary of region's progress – review for content and quality, make necessary amendments, and finalise in consultation with member countries.</li> <li>2. Roll-out as per plan annual summary.</li> </ol>	Regional data 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	STAC	Member states, UN and other development partners	2014–2015	

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
2.2.1			Conduct regional skill-building workshops	<p>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).</p> <p>2. Coordinate participants from member states, particularly those involved in specific themes</p>	<p>3. Compile Annual Global AIDS Response Progress Report for region, and report on HLM targets and other issues(collation of all member states and regional issues).</p> <p>4. Strengthen regional data base on TB, HIV/AIDS, and TB/HIV co-infection (through correspondence).</p>	STAC	Member states, UN and other development partners	2014-2017	SAARC participation and inputs in at least two thematic trainings in a year.
		2.2 Capacity Building							

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
2.2.2			Capacity-building plan and initiatives for the SAARC STAC	<p>1. Conduct a capacity-building needs assessment of the SAARC Secretariat.</p> <p>2. Develop a capacity-building plan and a human resources plan, bothcoasted.</p> <p>3. Secure human, financial, and technical resources to implement the capacity-building plan, taking advantage of the SAARC development fund.</p>	<p>4. The SAARC regional meeting of programme managers on TB and HIV/AIDS control.</p> <p>5. SAARC regional training on "Management Information for Action (MIFA)" for tuberculosis &amp; HIV/AIDS control programmes.</p> <p>Prevention (TI, harm reduction, migrants and mobile populations, closed settings); community engagement and empowerment; surveillance treatment (scaling-up, retention); TRIPS and PSM; social protection; policies and human rights; engagement of law enforcement agencies/religious groups</p>	STAC	SAARC Secretariat, UNand other development partners	2013-2015	<p>1. Thematic working groups to develop white papers on advocacy, and think pieces.</p> <p>Convene and facilitate regional workshops</p> <p>2. Develop yearly timetable for various thematic consultations with UN and development Partners.</p>

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
<b>3 Advocate for supportive policies and adequately resourced programmes</b>									
3.1.1			Disseminate guidelines and other useful documents (evidence) among key decision makers in the member states	<ol style="list-style-type: none"> <li>1. Collate existing guidelines from member states (national and others), UN, etc.</li> <li>2. Ensure relevant frameworks and guidelines are disseminated at appropriate international, national, and regional meetings and consultations.</li> <li>3. Operational research on TB/HIV Co-infection: (treatment adherence among co-infected)</li> <li>4. Document on Epidemiological Trend on HIV/AIDS of SAARC member states of last 10 years and generating and managing HIV/AIDS database through clinical, epidemiological, and social research for evidence-based approaches (through correspondence).</li> </ol>	<ul style="list-style-type: none"> <li>• Surveillance System</li> <li>• Stigma reduction</li> <li>• Access to drugs</li> <li>• Treatment adherence</li> <li>• Advancement of human rights</li> <li>• Addressing vulnerable youth</li> <li>• Social protection and HIV</li> <li>• Mainstreaming</li> <li>• HIV services for migrants</li> <li>• Prevention of mother-to-child transmission</li> <li>• Strengthen diagnostic and treatment services</li> <li>• Key affected populations</li> </ul>	<ol style="list-style-type: none"> <li>1. STAC</li> <li>2. member states, STAC, and civil society</li> </ol>	<p>Relevant UN agencies, intern'l and national agencies working on HIV, civil society regional networks</p>	Through out the five years	1. Dissemination of guidelines, presentation, and printed copies given during a programme managers' meeting
3.1.2		3.1 Advocate with member countries and regional entities for scaling-up usage of established good practices	Prepare advocacy packs for countries and Goodwill Ambassadors for advocacy on scaling-up (including resource mobilization)	<ol style="list-style-type: none"> <li>1. Disseminate the packs to member states and Goodwill Ambassadors.</li> </ol>		STAC with member states	Goodwill ambassadors, member states, and STAC goodwill Ambassadors, member states, and STAC	Through out the five years	

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
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	1. Disseminate the packs to member states and Goodwill Ambassadors	Sensitization meeting for social determinants of health in relation to TB and HIV/AIDS, Afghanistan; migration and mobility; stigma reduction; budget allocation and cost effectiveness	STAC with member states	Goodwill Ambassadors, member states, and STAC	Through out the five years	
3.2.1	3.2 Resource mobilization: Advocate with regional entities and global organizations for adequate investment		Paper on financing needs and gaps on national programmes ("Utilize National Strategic Applications" and other reports, as applicable)	1. Develop the paper. 2. Submit to SAARC Technical Committee on Health and Population for decisions on national actions. 3. Review and finalise, and support countries for generating external and incremental allocation of internal resources by year for HIV/AIDS programme.		1. STAC 2. Expert group meeting 3. Secretariats	Member states	2014	1. Regional costed plan 2. White paper on gaps and funding needs

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
3.2.2			Costing of regional interventions and a regional plan	1. Cost the regional interventions, including potential funding sources. 2. Submit to governing board for approval.		1. STAC 2. STAC/ Secretariats	Member states & bilateral partner		Regional costed plan of regional intervention
3.2.3			Using the costed regional plan and member countries' financing gaps to advocate to different stakeholders to seek and increase existing funding, both for member countries as well as regional initiatives	1. Prepare advocacy packs for countries and Goodwill Ambassadors for resource mobilization. 2. Disseminate the packs to member states and Goodwill Ambassadors. 3. Attend various meetings and bring up the financial needs and gaps in various forums.	Resource mobilisation on cross-cutting regional initiatives	1. SAARC Sect./ STAC 2. Member states	UN and other Development partners	2014–2015	1. Increased govt. budget for HIV 2. Funding received from donors
3.3.1		3.3 Advocate for enabling policies and laws	During the previous strategy several think pieces and papers were developed. These need to be reviewed, updated, and utilized for advocacy meetings	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.		Secretariat/ STAC	Member states, UN and other development partners	2013–2014	Advocacy papers utilized

No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
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	1. Dissemination, consideration, and implementation of recommendations of the Global Commission on HIV and the Law.		Secretariat	STAC, UN Development partners	2014–2015	Regional issues discussed and commitment for implementation received
3.3.3			SAARC, in consultation with member countries, will take initiative to apprise top SAARC leadership in the forthcoming summit about progress made to date based on the declaration of the 2004 summit, and will ask further guidance and support for achieving the global commitment of HLM targets	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.		Secretariat / STAC	Relevant ministries, relevant UN agencies, international and national agencies working on HIV, civil society, regional networks	2013–2017	At least two to three meetings in five years



No.	Objectives	Strategies	Activities	Sub-activities	Thematic areas	Lead role	Key partnerships	Time line	Milestone
<b>4. Programme management</b>									
4	Programme management		Mobilize resources for implementing the regional strategy	<ol style="list-style-type: none"> <li>1. Develop costed annual work plan</li> <li>2. Align STAC activities with the new strategy</li> <li>3. Mobilise funds from external and internal sources, including SAARC development fund</li> </ol> Annual review of progress by Expert Group and the STAC Governing Board		1. STAC/ Secretariat	SAARC Secretariat, UN Agencies, SDF, other development partner	2017	MOU/funding agreements with donors; Availability of sufficient funds
			Monitoring the progress of the SAARC work plan, human resource development, and capacity-building			SAARC Secretariat, STAC	Member states	2013–2017	

## ANNEX B: LIST OF CONTRIBUTORS

1. Member States (HIV/AIDS Programme Managers)
2. SAARC Secretariat
3. SAARC TB and HIV/AIDS Centre
4. UNICEF
5. UNDP
6. UNAIDS
7. Consultants
8. Asia & Pacific Coordination
9. Sex Workers Network of Bangladesh
10. Asian Network of People who Use Drugs (ANPUD)

# ANNEX C: BIBLIOGRAPHY AND REFERENCES

## BIBLIOGRAPHY

1. UNDP Asia-Pacific Regional Centre 2010: HIV/AIDS and Mobility in South Asia  
[http://asiapacific.undp.org/practices/hivaids/documents/HIV\\_and\\_Mobility\\_in\\_South\\_Asia\\_web.pdf](http://asiapacific.undp.org/practices/hivaids/documents/HIV_and_Mobility_in_South_Asia_web.pdf)
2. UNAIDS Report on the Global AIDS epidemic, 2012  
[http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120\\_UNAIDS\\_Global\\_Report\\_2012\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_en.pdf); Data received for Pakistan: UNAIDS RST Asia Pacific as a part of the UNAIDS Global Report 2012
3. World Bank, 2009. "HIV and AIDS in South Asia: An economic development risk," edited by Marcus Haacker and Mariam Claeson. <http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/Publications/448813-1231439344179/5726136-1235147661091/HIVAIDS2009.pdf>
4. UNAIDS, 2010 estimates from Afghanistan, Bangladesh, India, Pakistan, Nepal and Sri Lanka
5. UNAIDS, 2010 estimates from Afghanistan, Bangladesh, India, Pakistan and Nepal
6. PLHIV Stigma Index Asia Pacific Regional Report, 2011.  
[http://aidsdatahub.org/dmdocuments/People\\_Living\\_with\\_HIV\\_Stigma\\_Index\\_Asia\\_Pacific\\_Regional\\_Report\\_2011.pdf](http://aidsdatahub.org/dmdocuments/People_Living_with_HIV_Stigma_Index_Asia_Pacific_Regional_Report_2011.pdf)
7. OXFAM International, 2004. Oxfam briefing paper: "Towards Ending Violence Against Women in South Asia."  
[http://www.wecanendvaw.org/sites/default/files/Campaign%20Briefing%20Paper\\_1.pdf](http://www.wecanendvaw.org/sites/default/files/Campaign%20Briefing%20Paper_1.pdf)
8. GNP+, "Positive and Pregnant: How Dare You" (2012) [http://www.gnpplus.net/images/stories/Rights\\_and\\_stigma/APN\\_Reproductive\\_and\\_Maternal\\_Health\\_Report\\_A4\\_29\\_March.pdf](http://www.gnpplus.net/images/stories/Rights_and_stigma/APN_Reproductive_and_Maternal_Health_Report_A4_29_March.pdf);
9. UNODC 2011. [http://www.unodc.org/unodc/en/frontpage/2011/January/rani\\_-an-unwavering-advocate-for-freedom-from-slavery-and-human-trafficking.html](http://www.unodc.org/unodc/en/frontpage/2011/January/rani_-an-unwavering-advocate-for-freedom-from-slavery-and-human-trafficking.html)
10. UNGASS 2012 country reports  
<http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/>

## OTHER DOCUMENTS CONSULTED

1. **10 High-Level Meeting targets of UNAIDS:** UNAIDS “Global Strategy on Getting to Zero”
2. **UNESCAP resolutions** 66/7, 66/10, and 67/9
3. **Rio +20 outcome document 2012:** “The Future We Want”
4. **UN Human Rights Council Resolution 16/28 (2011):** The protection of human rights in the context of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)
5. **WHO Global HIV/AIDS Strategy**
6. Key commitments of **UNGASS Political Declaration 2011 on HIV/AIDS**
7. **UNAIDS International Human Rights Guidelines on HIV/AIDS**
8. **Millennium Development Goals and International Conference on Population Development Plan of Action**
9. **The Charter for the SAARC**
10. **SAARC Conventions on:**
  - a. Combating and Prevention of Trafficking in Women and Children for Prostitution
  - b. Promotion of Welfare of Children
11. **SAARC Tuberculosis and HIV/AIDS Centre (STAC) vision, mission, and objectives.**
12. **National Strategic Plans of countries in the SAARC region**
13. **Meetings reports**
  - a. The Meeting of the Managers of the National TB and National HIV/AIDS Control Programmes of the Member States: Male, Maldives, 21–23 December 2009.
  - b. SAARC Expert Group on HIV/AIDS Fourth meeting: Kathmandu, Nepal, 25–26 February 2010.
  - c. SAARC Meeting of the Programme Managers of National TB and National HIV/AIDS Control Programmes of Member States: Sri-Lanka, 6–8 July 2010.
  - d. Consultative Meeting of Positive Women’s Networks in SAARC region: Kathmandu, Nepal, 17–18 May 2011.
  - e. SAARC Expert Group on HIV/AIDS Fifth meeting: Kathmandu, Nepal, 19–20 May 2011.
  - f. SAARC Regional Training on Leadership and Strategic Management for National/Regional level TB and HIV/AIDS Prevention and Control Programme Managers: Jaipur, India, 21–25 November 2011.
  - g. SAARC Consultative Meeting of Programme Managers of HIV/AIDS to develop the SAARC Regional Strategy on HIV/AIDS (2012-2016): Islamabad, Pakistan, 15–17 June 2012.



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