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Provisional agenda item 9

**SHARING BEST PRACTICES IN SCALING UP INTERVENTIONS RELATED TO
HIV/AIDS PREVENTION, TREATMENT AND CARE**

Panel Discussion

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BACKGROUND

1. Sub-Saharan Africa remains the region most affected by HIV/AIDS. The 2007 UNAIDS/WHO report estimates that 1.7 million people were infected with HIV in 2007 alone, thus increasing the total number of people living with the virus to 22.5 million.
2. Countries in the African Region have made remarkable progress in implementing various elements of HIV/AIDS prevention, treatment and care interventions during the last three-to-four years. A number of countries have demonstrated good practices that are worth sharing. In the area of prevention, the “Know Your Status” campaign being carried out in Lesotho since January 2006 has allowed more than 250 000 people, out of the country’s total population of 1 800 000, to know their HIV status. In prevention of sexual transmission of HIV, Senegal has documented effective interventions targeting populations at greatest risk such as sex workers. In prevention of mother-to-child transmission (PMTCT) of HIV, Botswana is making substantial progress towards reaching universal access. In treatment and care, Zambia has managed to reach more than 50 % coverage of antiretroviral therapy (ART).
3. This panel discussion is organized to enable country delegations to share experiences and lessons learned in scaling up some HIV/AIDS prevention, treatment and care interventions.

OBJECTIVES

4. The objectives of the panel discussion are:
 - (a) to share information on factors that have contributed to success in scaling up HIV/AIDS prevention, treatment and care;
 - (b) to share information on factors that may potentially hamper sustained efforts to scale up HIV/AIDS prevention, treatment and care;
 - (c) to recommend strategies to address bottlenecks in order to replicate the best practices in the Region.

EXPECTED OUTCOMES

5. The expected outcomes are:
 - (a) factors that have contributed to success in scaling up HIV/AIDS prevention, treatment and care shared;
 - (b) factors that may potentially hamper the scaling up of HIV/AIDS prevention, treatment and care identified;
 - (c) recommendations on appropriate strategies to address bottlenecks to replicating best practices made.

PANELISTS

6. Proposed panelists:
 - (a) Chairperson: Minister of Health of(to be determined).
 - (b) Alternate chair (to be determined).
 - (c) Experts from Botswana, Lesotho, Senegal and Zambia.
 - (d) Facilitator (to be determined).

AGENDA

7. The agenda of this panel discussion will be as follows:
 - (a) Opening remarks and introduction of panelists (5 min): Chairperson.
 - (b) Botswana experience in scaling up PMTCT (10 min).
 - (c) Lesotho experience in scaling up HIV testing and counseling (10 min).
 - (d) Senegal experience in HIV prevention targeting groups at greatest risk (10 min).
 - (e) Zambia experience in scaling up ART (10 min).
 - (f) Three other countries with good experience (to be determined: 05 min each).
 - (g) Discussions (1 hour, 15 min): Chairperson.
 - (h) Recommendations (10 min): Facilitator.
 - (i) Closing remarks (5 min): Chairperson.