

Summary report on the

Twenty-third intercountry meeting of national AIDS programme managers

WHO-EM/STD/178/E

Beirut, Lebanon
27–29 October 2015



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The HIV epidemic in the Eastern Mediterranean Region continues to grow while the overall HIV prevalence has remained low. In 2014, most countries succeeded in increasing the number of people living with HIV (PLHIV) receiving antiretroviral therapy (ART). However, the Region-wide ART coverage has not increased significantly and at 10 % still remains far from global targets, and the lowest in the world. The biggest gap lies in the fact that the majority of people living with HIV do not know their HIV status.

In 2013 the WHO Regional Director for the Eastern Mediterranean called for a regional initiative to end the HIV treatment crisis and the Regional Committee for the Eastern Mediterranean in resolution EM/RC60/R.1 urged Member States to set ambitious annual HIV testing and treatment targets and to take urgent action to accelerate treatment access and thus end the HIV treatment crisis. The Committee requested WHO to support Member States in developing and implementing strategies and service-delivery approaches for rapid scale-up of HIV treatment, as recommended by WHO and UNAIDS in the document *Accelerating HIV treatment in the EM/MENA region*.

In this respect the WHO Regional Office for the Eastern Mediterranean convened the 23rd intercountry meeting of national AIDS programme managers from 27 to 29 October 2015 in Beirut, Lebanon. The meeting was attended by national AIDS programme managers, regional HIV experts, people living with HIV (PLHIV), community service organizations representatives and staff of United Nations partner agencies and WHO. The objectives of the meeting were to discuss the reasons for slow progress in accelerating HIV treatment in the Region and identify approaches to overcome the treatment crisis.

The meeting also provided an opportunity for participants to discuss three related 2016–2021 global health sector strategies, for HIV, viral hepatitis and sexually transmitted infections (STIs). The draft strategies are being finalized by WHO for consideration by the Sixty-ninth World Health Assembly in 2016. They also discussed the development of a regional action plan in line of the global HIV and STI health sector strategies.

The meeting was opened by Dr Gabriele Riedner, Acting WHO Representative in Lebanon, who delivered the message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message Dr Alwan stressed the importance of the new WHO treatment recommendation and noted that with its “treat-all” recommendation, WHO removed all limitations on eligibility for ART among people living with HIV: all populations and age groups were now eligible for treatment. He noted that WHO could build on existing partnerships and find new beneficial ways to collaborate to implement this recommendation. He concluded by emphasizing that WHO remained firmly committed to supporting Member States to reach the global targets and to positively influence the lives of people living with HIV.

2. Summary of discussions

By the end of 2014 the estimated number of PLHIV in the Region was nearly 326 000, including 16 000 children aged 0–14 years. More than half of adults living with HIV were men (58%). New infections reached 42 000 and 15 000 people died of AIDS. While the percentage of the general adult population living with HIV in the Region remained among the lowest globally (0.1%), key populations continue to be disproportionately affected.

Despite efforts made to make ART available in all countries of the Region, it is the region where HIV infections show the steepest rise,

PLHIV eligible for ART are least likely to receive it and mothers and their babies are least likely to receive ARV to prevent mother-to-child transmission of HIV. In 2014, ART coverage did not exceed 10%, by far the lowest coverage globally. Pakistan, Islamic Republic of Iran and Sudan contribute to 80% of the estimated regional ART need.

Ensuring the continued engagement of people living with HIV with health services along the continuum of care is challenging. Less than 20% of the estimated number of PLHIV have been tested and know their serostatus. Linkage to lifelong medical care is also essential for people who test positive. The full benefit of ART is only achieved if the replication of the virus is effectively suppressed. This means that people in care need to be retained and supported to adhere to treatment and treatment success monitored regularly. At each step of this continuum from HIV testing to lifelong treatment there are challenges to overcome. The Regional Office provided technical and financial support to Egypt, Islamic Republic of Iran, Morocco, Pakistan (Punjab) and Sudan to conduct the HIV test–treat–retain (TTR) cascade analysis. Based on the findings of the TTR analysis, countries set the HIV testing and treatment evidence based targets for the treatment acceleration plan development.

A regional review of the data available on the access and continued engagement of people who inject drugs along the continuum of HIV prevention, diagnosis, treatment and care has shown that this population group represents around half the population of PLHIV in the Region. However, ART coverage among people who inject drugs is around 2.2%. This low coverage is the result of major barriers facing people who inject drugs in accessing HIV testing services, being linked to care, initiated on ART and maintained in lifelong treatment and care services. Furthermore, most Member States lack strategic information on the local epidemiology of HIV and on HIV

patient monitoring. Countries need urgently to strengthen their HIV monitoring and evaluation at national and local levels so that they can more accurately view of the situation.

The WHO consolidated strategic information guidelines for HIV in the health sector were presented and discussed during the meeting. This guide consolidates, prioritizes and describes key indicators to monitor the national and the global response of the health sector to HIV. Its goal is to help countries choose, collect and systematically analyse strategic information to guide the health sector response to HIV. Countries were strongly advised to use this guide to strengthen their monitoring and evaluation system at national and local levels.

One day of the meeting was dedicated to the dissemination and discussion of the new WHO consolidated guidelines on HIV testing services. The guidelines put forward evidence-based approaches to HIV testing services that are adapted to the needs of the various target populations. They address the need for better linkages to care and treatment services for those who are diagnosed HIV positive and provide programmatic guidance for strategic choice of approaches and improved quality of service. The guidelines also present evidence on new developments in HIV testing services, notably on self-testing. During the discussions and group work, the participants exchanged their own experiences on how to address the challenges in reaching the right people with HIV testing services and so to increase the number of people living with HIV who know their HIV status in countries. The issues of self-testing, the use of lay providers of HIV testing services and the shift towards community testing using rapid diagnostic tests were viewed as key strategies for scaling up HIV testing services. However, there are legal and technical barriers in some countries that need to be addressed in order to allow those approaches. Participants discussed plans for implementation of the

WHO consolidated guidelines on HIV testing services in their respective countries and identified technical support needs.

The meeting provided a platform to present and discuss the draft global STI and HIV strategies for the health sector 2016–2021. There are five strategic directions in the strategies: 1) strategic information for focus and accountability; 2) essential HIV interventions for impact; 3) delivering for quality and equity; 4) financing for sustainability; and 5) innovation for acceleration. Each strategic direction was presented and discussed. For WHO, the benefit of a global strategy is that all countries can see it as a commitment. In view of the HIV 5 strategic directions, participants identified key regional challenges and solutions. Participants also raised and discussed priorities in the Region with regard to the five global strategic directions. Accordingly these priorities will be the basis of the regional HIV and STI action plan to be finalized in 2016 and to be considered by the next session of the WHO Regional Committee for the Eastern Mediterranean.

Participants were assured that the Regional Office will keep them involved in the finalization of the regional HIV and STI action plan. Countries were advised to discuss the draft strategy at country level and to raise awareness of policy-makers within the Ministry of Health before global WHO meetings.

3. Recommendations

To national AIDS programmes

1. Carry out a review of the HIV testing service delivery system in the light of WHO's new HIV testing guidelines. Particular attention should be given to recommendations on:

- access to HIV testing for populations at higher risk of HIV (community testing, lay providers, etc.);
 - fast return of HIV test results to clients;
 - linkage of newly diagnosed PLHIV with care and treatment.
2. Lead a national consensus-building process on revision of HIV testing guidelines and service delivery approaches.
 3. Develop monitoring systems that allow tracking of PLHIV from HIV testing through lifelong HIV care and treatment.
 4. Ensure that Ministers and WHO Executive Board and World Health Assembly delegations are aware of the global health sector strategies that will be presented to the Executive Board in January 2016 and later to the World Health Assembly.

To WHO and partner agencies

5. Develop a regional action plan for HIV and STI in line with the Global Health Sector Strategy in consultation with national AIDS programmes, experts, civil society and United Nations partner agencies for endorsement by the Regional Committee in 2016.
6. Facilitate collaboration and information exchange on HIV between countries affected by the crisis in the Syrian Arab Republic.
7. Provide support to the development of key capacities.
 - Patient tracking systems (including use of unique identifiers) that facilitate the monitoring of PLHIV along the HIV care continuum and the measurement of related key programme indicators.
 - HIV testing policies and service delivery approaches.



World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int