

Summary report on the

Regional consultation on accelerating access to the continuum of HIV care: focus on HIV testing

WHO-EM/STD/193/E

Beirut, Lebanon
12–14 July 2017



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

Following the 2015 deadline for the targets of the United National General Assembly 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, the Joint United Nations Programme on HIV/AIDS (UNAIDS) established the new 90-90-90 treatment target: by 2020, 90% of all people living with HIV (PLHIV) will know their HIV status; by 2020, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy (ART); and by 2020, 90% of all people receiving ART will have viral suppression. At the Sixty-ninth World Health Assembly in May 2016, WHO Member States adopted the Global Health Sector Strategy on HIV, which defines the framework for achieving those targets through specific actions of the WHO Secretariat and Member States to accelerate access to a continuum of HIV care.

Limited access to HIV testing for PLHIV and those at risk is the first and biggest obstacle to increasing access to HIV care and treatment in the Region. HIV test-treat-retain cascade assessments, conducted in several countries of the Region between 2013 and 2016, show that the proportion of PLHIV who do not know their HIV status varies between countries and ranges between 50% and 93% of all PLHIV.

In 2015, WHO published the *Consolidated guidelines on HIV testing services* in an attempt to increase access to testing. In 2016, WHO issued a supplement to those guidelines with recommendations on partner notification and HIV self-testing (HIVST). HIVST is recommended as an additional approach to increasing access to HIV testing, particularly for those who would not test or would not be reached by testing services otherwise.

Within this context, the WHO Regional Office for the Eastern Mediterranean organized a regional consultation on accelerating access to the continuum of HIV care, with a focus on HIV testing, between 12 and 14 July 2017 in Beirut, Lebanon.

The objectives of the consultation were to review country plans according to recommended actions by the WHO Global Health Sector Strategy for HIV/AIDS 2011–2015; present WHO guidelines on HIV self-testing and partner notification; and discuss the opportunities of adoption and the issues pertaining to the implementation of HIV self-testing and partner notification in the countries of the Region. The consultation was attended by national and provincial HIV/AIDS programme managers and focal points from eight countries, regional civil society networks working with key populations and PLHIV, and two national nongovernmental organizations.

2. Summary of discussions

Update on the epidemic and response

According to estimation data (spectrum), HIV prevalence in the Region is still low (0.1%) in comparison with other regions. For 2016, the cumulative reported cases were about 100 000 PLHIV, while the estimated cases were 360 000 PLHIV. Of these estimated cases, 298 000 (82%) lived in five countries (Islamic Republic of Iran, Morocco, Pakistan, Somalia and Sudan). An estimated 37 000 new infections occurred in the same year, 82% of which occurred in Islamic Republic of Iran, Pakistan, Somalia and Sudan.

The epidemic remains concentrated in populations at higher risk. In addition to heterosexual transmission, transmission through injecting drug use is most prevalent in three countries (Egypt, Islamic Republic

of Iran, Pakistan), while male-to-male transmission was more prevalent in four countries (Lebanon, Jordan, Oman, Egypt).

The number of PLHIV receiving ART increased from 37 205 in 2015 to 54 000 in 2016. Despite this treatment acceleration, the regional ART coverage is still low (15%). Similarly, the number of pregnant women in need of ART for the prevention of mother-to-child transmission (>9000) is around nine times those receiving the treatment (<1000). The regional HIV care cascade shows that the biggest gap in the continuum of HIV diagnosis, treatment and viral suppression lies in HIV testing. Over two thirds of PLHIV do not know their status.

WHO Consolidated Guidelines on HIV testing services

The WHO Consolidated Guidelines on HIV testing services recommend that countries use a mix of evidence-based approaches to HIV testing to ensure the best use of resources to meet the needs of various population groups and increase their access to HIV testing services and linkage to care. The guidelines emphasize the need to expand community-based testing and the use of lay providers (persons without formal health service provider training who have received appropriate training on HIV testing) in order to increase efficiency and enable the rapid scaling up of HIV testing services. Economic analyses have informed the guidelines regarding the efficiency and cost-effectiveness of the different testing approaches recommended by WHO.

A regional survey on the implementation of the WHO recommendations outlined in the guidelines revealed that most recommendations have been adopted by the majority of respondent countries. The recommendations least adopted pertained to community-based testing, reliance on lay providers and the use of rapid diagnostic tests.

Country examples from Sudan and Morocco were used to illustrate how these countries strategically prioritized certain HIV testing approaches recommended by WHO, and how this resulted in increased access to HIV testing and linkage to care, and subsequently, in greater numbers of PLHIV receiving ART.

The plenary discussed the guidelines and highlighted the confusion associated with the term “lay providers”. The word “lay” may be misunderstood as someone who is not knowledgeable and may cause rejection by policy makers. The participants suggested that another term be used that more clearly reflects the fact that these providers are trained testers who are not necessarily health professionals.

Country challenges in scaling up HIV testing services

In plenary, the participants discussed the main challenges in developing HIV testing scale-up plans and implementing efficient testing approaches. Such challenges mainly involve strategic information weaknesses and the verticality of the HIV programmes, which result in difficulties in the implementation of HIV testing in health care settings, and weak linkages between communities and health services. Other challenges include punitive laws, stigma and discrimination against PLHIV and key populations in countries of the Region.

Partner notification

According to the WHO *Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services*, partner notification is a voluntary process whereby a trained provider asks people diagnosed with HIV about their sexual partners and/or drug injecting partners, who are then informed through a variety of methods that they may have been exposed to HIV. Among

other benefits, partner notification increases the uptake of HIV testing services by partners of PLHIV, and fosters both mutual support in accessing HIV prevention, treatment and care services, and improved adherence to and retention of treatment.

The experience of the Pakistani Nai Zindagi Trust nongovernmental organization was presented as an example of how the spouses of HIV positive injecting drug users are reached through assisting consenting index patients to disclose their HIV status to their spouses.

Participants underscored the difficulties involved in partner notification, particularly in relation to the potential for PLHIV being coerced into disclosing their HIV status to their partners, and the risk of partner violence. It was suggested that partner notification policies should be tailored to individual needs in order to avoid partner rejection and violence. Participants also expressed the need for regional sociocultural contexts to be taken into account in the formulation of national partner notification guidelines.

HIV self-testing

According to the WHO *Guidelines on HIV self-testing and partner notification: supplement to consolidated guidelines on HIV testing services*, HIV self-testing (HIVST) is a process in which a person collects his or her own specimen (oral fluid or blood), performs the HIV test and interprets the result either alone or with someone he or she trusts. HIVST has a proven impact on increasing the uptake and frequency of HIV testing compared to the standard HIV testing services approach; however, both testing strategies have similar rates of linkage to care.

The results of two assessments carried out in several countries of the Region on values and preferences among men who have sex with men, transgender people, sex workers, injecting drug users and PLHIV regarding HIVST and partner notification were presented at the regional consultation. The two assessments revealed a high acceptability of HIVST and partner notification among key populations and PLHIV. The majority of the assessment participants stated that HIVST was empowering and had the potential to reduce barriers and obstacles to HIV testing, in particular those of stigma and discrimination. Regarding partner notification, assessment participants stated that partners of PLHIV had a right to know their partners' HIV status and get tested, and that this should be ensured with assistance from the service providers.

Introducing HIVST and voluntary partner notification: opportunities, obstacles and solutions

In a panel discussion, Islamic Republic of Iran, Saudi Arabia and Lebanon presented opportunities for the introduction of HIVST and voluntary partner notification as well as risks, obstacles and ways to overcome them from a country perspective. Similarly, a panel composed of representatives of MENA-Rosa, the Association de Lutte Contre le Sida and the International Treatment Preparedness Coalition–MENA presented the perspective of civil society.

The panelists as well as the other participants expressed their support for HIVST, particularly as a means to reach population groups that are not reachable through conventional services. Concerns were expressed over cost, test performance, opposition by certain experts, lack of awareness in certain communities, the possibility of misreading or misinterpretation of results, and difficulties in linkage to care and in monitoring and evaluation were expressed. Panelists highlighted the

need for advocacy, awareness raising and understanding the contexts in which HIVST would be introduced.

Similarly, all panelists and participants, while agreeing on the importance of partner notification, also acknowledged the challenges involved in identifying and reaching the partners of PLHIV without breaching confidentiality.

The way forward for partner notification

In a panel session, representatives of the province of Sindh, Pakistan, Jordan and the Arab Foundation for Freedoms and Equality introduced their views on the way forward with regard to strengthening partner notification initiatives in the Region. Both panellists and session participants affirmed that partner notification is a public health necessity, and emphasized that countries should introduce policies that are rooted in ethical practice and human rights, and which emphasize that partner notification is a voluntary process. It was also agreed that policies and practices should not lead to PLHIV being coerced into disclosing their HIV status, and that national authorities should work in collaboration with all other stakeholders involved to develop policies that could alleviate the risk of intimate partner violence or other consequences of partner notification. Panellists and participants further emphasized that while linking partner notification to other prevention or treatment incentives could be beneficial, those incentives should not be denied if partner notification does not take place, and the need for training and other implementation support tools to strengthen partner notification initiatives was also highlighted.

The way forward for HIVST

In a panel session comprising representatives from Morocco and the Middle East and North Africa Harm Reduction Association (MENAHRRA), participants agreed that the first step should be to ensure that the HIVST test kits were made available at country level through inviting suppliers to register their products. It was further agreed that demonstration projects and feasibility studies should be implemented in countries, that advocacy is needed to build a culture of self-testing, and that there is also a need to enhance awareness, carry out training, and promote self-testing among various target groups. Civil society could play a role in this.

Challenges in scaling up HIV testing and partner notification: key country actions

Participants then recommended key actions at country level to address the challenges and obstacles involved in scaling up HIV testing. Programmatic actions identified included advocacy at higher levels in ministries of health to introduce new approaches including HIVST, integrating HIV testing in the relevant health services, involving lay providers and simplifying HIV testing strategies, piloting HIVST and partner notification in certain population groups and developing referral networks accordingly, developing communication strategies around HIV testing, and strengthening the collection and use of data to improve the planning, monitoring and evaluation of such actions.

3. Recommendations

To Member States

1. Review and continuously monitor national epidemiologic and programmatic data in order to prioritize populations, diversify HIV testing approaches strategically and scale-up testing, based on WHO testing guidelines.
2. Optimize opportunities for testing by integrating testing in relevant existing health services, for example, antenatal, tuberculosis, hepatitis, and STI care, primary health care, and prison health services.
3. Involve civil society in the planning, implementation and monitoring of testing scale-up.
4. Conduct national consultations with country experts and civil society to identify population groups that may be better reached by HIV self-testing, and explore and define modalities of implementation including linkage to prevention, care and treatment.
5. Assess strengths and weaknesses of current approaches to partner notification and devise plans and actions to strengthen voluntary assisted partner notification according to WHO guidelines.
6. Following a review of testing approaches and consultations with stakeholders, revise national guidelines, targets and plans accordingly.

To regional and local civil society organizations and PLHIV groups

7. In consultation with national HIV/AIDS programmes, develop, implement and monitor communication strategies to advocate for HIV self-testing and voluntary partner notification.
8. Engage with international partners to reduce the price of self-testing kits.

To WHO and UN partners

9. WHO to develop tool kits and training materials on HIV self-testing and partner notification.
10. WHO and other UN partners to support and assist countries in addressing gaps in access to HIV testing services.



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