

Summary report on the

# Consultative meeting with national AIDS programme managers

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Beirut, Lebanon  
24 June 2019



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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# **Consultative meeting with national AIDS programme managers**

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## **1. Introduction**

The World Health Organization (WHO) Eastern Mediterranean Region is facing a fast-growing HIV epidemic, with a 28% increase in new infections compared to 2010. Annual new HIV infections and deaths from AIDS-related illnesses are on the rise. More than 60% of people living with HIV (PLHIV) are not aware of their status and, subsequently, do not access antiretroviral therapy (ART). By the end of 2018, there were approximately 400 000 PLHIV in the Region, with only 1 in 5 receiving ART. Despite the commendable work being undertaken by countries to fight the HIV epidemic, the Region is still facing challenges in reaching undiagnosed PLHIV and providing access to lifesaving treatment and services. Stigma and discrimination still present a key obstacle to accessing health services.

There is limited time remaining to achieve SDG target 3.3 to end the AIDS epidemic by 2030 and the UNAIDS “90-90-90” targets that, by 2020, 90% of PLHIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ART and 90% of all people receiving ART will have viral suppression. To achieve these targets there is a need to scale-up HIV interventions for testing and treatment by exploiting new technologies and innovations, accelerating progress and addressing gaps in implementation.

Against this background, the WHO Regional Office for the Eastern Mediterranean organized a consultative meeting with national AIDS programme managers in Beirut, Lebanon, on 24 June 2019. The objectives of the meeting were to:

- update selected national AIDS programme managers on the latest WHO prevention, diagnosis and treatment services; and
- discuss means for scaling up implementation.

The meeting was attended by national AIDS programme managers or their representatives from Afghanistan, Egypt, Islamic Republic of Iran, Lebanon, Morocco, Pakistan (including provincial AIDS programme managers from Punjab and Sindh), Sudan and Tunisia, as well as representatives of nongovernmental organizations from Egypt, Morocco, Lebanon and Pakistan, and regional civil society networks for PLHIV. In addition, staff attended from the UNAIDS Regional Support Team for the Middle East and North Africa, the WHO Regional Office, WHO headquarters and WHO Sudan country office.

## **2. Summary of discussions**

### *HIV situation in the Eastern Mediterranean Region and the cascade of care*

A situation analysis of the HIV situation in the Region was presented, focusing on the distribution of HIV, the rise and sources of new infections, and gaps in the cascade of care. Key gaps identified included finding undiagnosed PLHIV, linking them to treatment and monitoring their viral load.

Challenges in reaching PLHIV in countries were discussed, including the inadequate coverage of HIV testing and treatment services and gaps in linkage to treatment with the loss of people testing positive for HIV infection to follow-up and delays in starting treatment. Also noted was the current focus on testing low-yield populations and weaknesses in reaching key populations, including men who have sex with men, sex workers, people who inject drugs, transgender people and prisoners, who together disproportionately account for 95% of new HIV infections in the Region.

### *HIV self-testing and ART guidelines*

WHO tools and guidelines for HIV testing and treatment were presented. This included those on the role of HIV self-testing as an innovative way to reach people who are unaware of their HIV status and as a way for PLHIV to overcome stigma and discrimination. Examples were requested by participants of the introduction of HIV self-testing in countries and its impact in reaching more people.

The discussion on updates to WHO HIV treatment guidelines focused on different regimen combinations for treating PLHIV and how to avoid HIV drug resistance as a result of antiretroviral drug stock-outs. The need to update national treatment protocols in countries in light of the latest WHO treatment guideline updates was stressed.

### *HIV testing*

In a panel discussion on HIV testing, HIV programme managers from Egypt, Morocco, Pakistan and Sudan discussed the testing approaches currently in use in their countries and how to scale-up testing activities to reach the first “90-90-90” target (that 90% of PLHIV know their HIV status). The panellists discussed difficulties in reaching key populations, resulting in major gaps in achieving national targets. Participants felt that interventions were needed to scale-up testing in countries, using approaches based on testing data to reach key populations and the introduction of HIV self-testing to help find undiagnosed PLHIV.

### *HIV treatment*

In a panel discussion on HIV treatment, panellists from Afghanistan, Islamic Republic of Iran, Lebanon and Pakistan (Punjab) discussed treatment approaches and the models of HIV care and treatment used in



their countries. The panellists identified gaps in linkages to care and treatment and the need to enhance interventions to improve treatment and linkages to care in order to reach the second “90-90-90” target (that 90% of all people with diagnosed HIV infection receive sustained ART).

Low treatment coverage in the Punjab province of Pakistan was attributed to the centralization of care and a lack of follow-up for those starting treatment. The model of HIV care in Lebanon was described as having improved over the years as a result of the close monitoring of PLHIV and continuous follow-up, particularly among key populations such as men who have sex with men, to ensure that they receive treatment. The differentiated care approach, its feasibility and how it can improve treatment outcomes was also discussed.

#### *Shift to DTG as a first line for treatment*

There was discussion on introducing dolutegravir (DTG) as a first line treatment for HIV infection and its use in combination with other antiretroviral drugs. Participants noted the need to develop transition plans for introducing DTG in countries to avoid drug resistance, achieve better treatment adherence and avoid antiretroviral drug stock-outs.

### **3. Recommendations**

#### *To Member States*

1. Develop transition plans for shifting to DTG treatment, including communication plans addressing pregnant women to facilitate informed choice regarding the use of DTG treatment.
2. Remove the western blot method from national testing algorithms to facilitate the fast return of HIV test results and facilitate early initiation of treatment.

3. Introduce HIV self-testing to improve access to HIV testing services for population groups who would otherwise not have access to HIV testing, including for key populations and their partners.
4. Coordinate with antenatal care, hepatitis and tuberculosis (TB) programmes to enable the scaling up of HIV testing among pregnant women and TB, hepatitis and STI patients and those symptomatic for HIV infection, and ensure adequate human and financial resources for the appropriate scaling up of testing and treatment.
5. Use multi-disease platforms and campaigns to enable integrated HIV testing services and to dilute stigma and discrimination.
6. Strengthen health systems, including procurement and supply management, to avoid shortages and stock outs of test kits.
7. Use national data to inform testing approaches and to strategize testing for greater efficiency and yield.
8. Strengthen partnerships between national AIDS programmes and civil society organizations to enable wider reach for HIV testing services, treatment support and stigma reduction.
9. Improve linkages to care and treatment through decentralization and differentiated care models, and improve adherence and retention in care (analysing data for loss to follow up).
10. Train health care workers on avoiding stigma and discrimination against PLHIV.

*To WHO, UNAIDS and partners*

11. Support countries to strengthen data collection, analysis and utilization for planning and monitoring of HIV testing approaches.
12. Support countries to scale up HIV testing, including the introduction of HIV self-testing.
13. Support countries to revise their national treatment guidelines and transition to DTG treatment.



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