Summary report on the

Consultation on integrated management of HIV, hepatitis, TB and STIs for key populations

WHO-EM/STD/203/E

Beirut, Lebanon
25–26 June 2019

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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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) in the Region 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.

Key populations who are most affected by the HIV epidemic are also disproportionately affected by limited access to HIV diagnosis and treatment. Key populations include men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons, among others. Furthermore, these populations often suffer from co-infections that share similar modes of transmission, such as hepatitis B and C and sexually transmitted infections (STIs), or infections that are driven by their living conditions, such as tuberculosis (TB).

WHO has defined a comprehensive package of interventions for key populations, including the diagnosis and management of HIV infection and its related co-infections. Providing integrated services can strengthen the response, expand coverage and alleviate stigma and discrimination. However, countries have been slow in increasing coverage of HIV services for key populations and remain reluctant to introduce the relevant services.

Against this background, the WHO Regional Office for the Eastern Mediterranean organized a consultation on integrated management of HIV, hepatitis, TB and STIs for key populations on 25–26 June 2019 in Beirut, Lebanon.

The objectives of the consultation were to:

- discuss the epidemiology of HIV, hepatitis, STIs and TB, and co-infections, among key populations and the means for maximizing the reach and delivery of client-centred HIV, hepatitis, STI and TB services;
- share experiences between countries on different models of integrated service delivery for HIV, hepatitis, STIs and TB among key populations; and
- identify the means to maximize the outcome, impact and value for money of interventions for key populations through integrated client-centred planning, implementation, monitoring and evaluation of HIV, hepatitis, STIs and TB services.

The meeting was attended by national AIDS, hepatitis and TB programme managers or their representatives from eight countries of the Region, as well as nongovernmental organizations working among key populations and PLHIV.

2. Summary of discussions

Regional epidemiological overview of HIV, hepatitis, STIs and TB

Technical presentations were made on the epidemiology of HIV, hepatitis, TB and STIs in the Region, revealing a high or rising burden of all concerned infections and a lag in progress towards global targets in the Region.

Global comprehensive service package for key populations

The comprehensive package of services recommended by WHO for key populations was presented. This comprises HIV testing and treatment, condom and lubricant programming, pre-exposure prophylaxis (PrEP), behavioural interventions, prevention and management of co-infections, harm reduction for people who inject drugs, including overdose prevention and management, and sexual and reproductive health services. This package is supported by interventions for an enabling environment and special considerations for specific settings (such as prisons) and population groups (such as adolescents and pregnant women). Furthermore, WHO recommends client-centred implementation approaches comprising decentralization, integration and task shifting.

Opportunities for integrating service delivery for key populations

Programmatic and technological opportunities for integration were outlined. Simplification of diagnosis and treatment for hepatitis, HIV, STIs and TB, including rapid tests and self-tests, provides an opportunity to provide “one-stop-shop” services for these infections in a patient-centred manner. Furthermore, new multi-disease platforms allow diagnosis and treatment monitoring of all these infections at the point of care. Implementation of integrated service delivery requires

taking into account integrated planning, regulatory approvals, site and product selection, standard operating procedures, training, supervision and monitoring, inventory, and data and quality management.

Think Tank on PrEP

Participants were briefed on the WHO Think Tank on PrEP and STIs that took place in Montreux, Switzerland, in March 2019. The objectives of the Think Tank were to review the evidence on PrEP and STIs by different population group and setting, determine how STI services can be optimized in PrEP programmes, and identify critical gaps in WHO guidelines, policies, research and data on PrEP and STIs and innovations in the integration of STIs and PrEP. The meeting stressed the high and rising rates of STIs among PLHIV in general, and PrEP users in particular, and called for advocacy, resources, integration of services and innovation in service delivery.

Government perspectives on the need for, and benefits of, joint target setting and integrated services for key populations

A panel discussion was held with hepatitis, HIV and TB programme managers from Afghanistan, Islamic Republic of Iran, Morocco and Pakistan (Sindh). Panellists acknowledged the need for integration of services and the added value gained. Some countries have undertaken integrated service delivery of these diseases, but this has been limited in scope and scale. The panellists felt a lack of coordination and mechanisms for coordination to be the main challenge to integration.

Civil society perspectives on the needs of key populations and service delivery

A panel of civil society organizations from Egypt, Lebanon, Morocco and Pakistan discussed the need for comprehensive services to cater to the varied needs of key populations. It was noted that civil society organizations attempt to provide integrated services, but face a lack of the human and financial resources required to meet the needs. Furthermore, panellists identified weak coordination with national programme managers of the different diseases as an obstacle.

Models of service integration

Examples of good practice in integrated service delivery from different countries in the world were presented. This included examples from Georgia, Kenya and Viet Nam of the integration of hepatitis C diagnosis and treatment in harm reduction services for people who inject drugs using peer support networks. These services are delivered through both fixed and mobile health services and have demonstrated good diagnosis and treatment outcomes. Similar work in Georgia to integrate HIV, hepatitis and TB in primary health care services has reached almost 90 000 individuals in nine months, achieving high rates of diagnosis and treatment. Other experiences of integration in Egypt and Uganda have also demonstrated positive outcomes, such as in the speed of returning test results, treatment retention and treatment outcomes.

Requirements for integrated services models for key populations

Participants were divided into country groups to discuss the requirements for the integration of services in relation to prevention,

diagnosis and treatment, focusing on the needs of key populations, opportunities, challenges, innovations and good practices.

Development of concept notes for service delivery integration models

Country concept notes for model integrated services were developed by the working groups for implementation of pilot integrated services. These concept notes constitute a skeleton for carrying out integrated service delivery for key populations at the country level.

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