

Summary report on the

# Twenty-second intercountry meeting of national AIDS programme managers

WHO-EM/STD/167/E

Cairo, Egypt  
8–11 September 2014



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## 1. Introduction

The Regional strategy for health sector response to HIV/AIDS 2011–2015, endorsed by the Fifty-seventh session of the World Health Organization (WHO) Regional Committee for the Eastern Mediterranean is currently being implemented at regional and country level. It sets coverage targets for key prevention and treatment interventions. However, at 15%, HIV treatment coverage in the Eastern Mediterranean Region is still the lowest among all WHO Regions.

In 2013, Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, called for a regional initiative to end the HIV treatment crisis in the Region. Regional Committee resolution EM/RC60/R.1 urges 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. It requests the WHO Regional Office for the Eastern Mediterranean 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 WHO Eastern Mediterranean and UNAIDS Middle East and North Africa regions*.

In 2013, WHO published revised HIV treatment guidelines. National AIDS programme managers and HIV treatment experts were briefed on these guidelines in a regional dissemination workshop and several countries have been supported to initiate a process for national guideline revision.

The HIV epidemic in the Region is concentrated among key populations at increased risk of HIV exposure. Accordingly, there will not be any impact on the epidemic in the Region without improving

access to HIV services for people who inject drugs, men who have sex with men and sex workers. This implies that political commitment needs to be heightened, service delivery approaches need to be adapted and health systems need to be strengthened.

Countries also need to take measures to strengthen their monitoring and evaluation systems and to set their own evidence-based targets for the stepwise achievement of global targets, as regional and global targets are intended to be broadly indicative only, and countries will need to consider the local context in order to translate them nationally. Country targets should be both feasible and ambitious enough to make an impact on the epidemic, as well as on the lives of those affected.

WHO convened the twenty-second intercountry meeting of national AIDS programme managers in Cairo, Egypt, from 8 to 11 September 2014. Participants included national AIDS programme managers, regional HIV experts, people living with HIV (PLHIV), civil society representatives, United Nations partner agencies and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The objectives of the meeting were to:

1. review implementation of the regional HIV health sector strategy and the regional initiative to end the HIV treatment crisis;
2. share and discuss experiences, challenges and solutions with regard to implementation of the WHO antiretroviral (ARV) drugs guidelines (2013) and the Sixtieth Regional Committee resolution on accelerating HIV treatment (EM/RC60/R.1);
3. strengthen technical capacity on health sector response monitoring and evaluation;

4. introduce new WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.

## **2. Summary of discussions**

Participants were updated on progress on the implementation of the regional initiative to end the HIV treatment crisis at regional and country levels. Experiences were shared in the implementation of HIV-test-treat-retain cascade analysis and action plans to increase treatment coverage, and country-specific and common challenges to engage and retain PLHIV in a continuum of HIV testing, care, treatment and support services were discussed. The methodology for target-setting and key considerations for setting targets within the framework of the HIV continuum of care were considered, and country experiences with target-setting and treatment acceleration plan development were reviewed.

The concentrated epidemic among key populations is a big challenge in the regional context where these population groups are socially marginalized and legally criminalized. The new WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations were presented. These provide scientific information and examples of how countries can overcome different obstacles.

There is limited experience in the Region in implementing the most efficient approaches to increasing demand and providing HIV testing services for among those most likely to be HIV positive. This situation results in the majority of PLHIV being unaware of their HIV status. Obstacles remain in several countries for linking people diagnosed with HIV infection to HIV care and treatment. The quality of care and ensuring the continued engagement of PLHIV with health services along the continuum of care are also challenges. Most countries have

not yet defined national standards of care or tools to monitor their implementation. Moreover, the involvement of civil society organizations is very weak in the Region, with very few countries involving and building the capacities of civil society in scaling-up HIV testing and treatment services.

Additionally, the quality, completeness and comparability of strategic information remain insufficient and weak in most countries in the Region. Countries need to strengthen their technical capacity in the monitoring and evaluation of the health sector response. The new WHO consolidated HIV strategic information guide for the health sector provides a practical framework for collecting programme data along the HIV cascade in the health sector. Countries will need to implement this guide as soon as it is launched in October 2014.

The implications of the new WHO consolidated guidelines on HIV service delivery for key populations across the HIV continuum of care were discussed by participants. There is limited experience in countries, including among civil society organizations, in implementing the most efficient approaches to reach and scale-up outreach interventions among key populations. An overarching concern remains the high levels of stigma and discrimination against key populations and PLHIV, particularly in health care settings. However several countries of the Region have managed to find culturally-adapted ways to reach key populations and provide them with services.

The new guidelines address the critical enablers required to overcome the barriers for key populations to access the services they need. WHO will provide technical support to selected countries to adapt and disseminate these guidelines at country level.



During the meeting, participants had an opportunity to have an interactive session with Dr Alwan on the issues and challenges that countries are facing. These challenges include, but are not limited to, the prices of ARVs in the Region, the cultural difficulties facing the need to work with key populations and recognizing the role of nongovernmental organizations and civil society organizations. The issue of the emergency situations in several countries of the Region was also raised.

Dr Alwan noted that most of these issues had been raised during Regional Committee sessions and will be taken into consideration during discussions with Ministers of Health. Given the concern regarding the health impact of the Syrian crisis and its expansion into neighbouring countries, HIV was often forgotten. He pointed out that a useful starting point would be for countries to generate data and improve strategic information that can be used to build solid cases to advocate for more commitment from decision-makers. This would help countries to better understand their HIV epidemics and track progress in the health sector response.

The Regional Director observed that the role of civil society in scaling-up the HIV response was important, and in many countries outside the Region, civil society played an important role in providing support services for prevention and treatment. High priority needed to be given to finding ways for stronger involvement of civil society in the health response in the Region. WHO was currently developing a strategy for this purpose. On drug prices, Dr Alwan assured participants of WHO's commitment to advocate for reducing the prices of ARVs, particularly second and third line medicines.

Also during the meeting, WHO presented a new electronic web-based database for annual HIV and sexually transmitted infection (STI) surveillance data reporting, which will replace the current paper-based HIV and STI surveillance reporting.

Outside the plenary agenda, a satellite meeting was organized for countries applying for grants under the new funding model of the Global Fund. The HIV programmes of 12 countries in the Region are eligible for funding and WHO, UNAIDS and partners are offering technical support for developing application concept notes. The mechanisms of technical support were introduced and the current status of applicant countries discussed. The Global Fund presented findings and lessons learnt from the first rounds of concept note submissions.

In a satellite session on HIV in humanitarian settings, WHO, the Global Fund, UNAIDS and national AIDS programme managers from Jordan, Lebanon and the Syrian Arab Republic discussed the situation in countries where HIV is often forgotten among humanitarian priorities, especially in low prevalence settings. The current HIV response in humanitarian settings remains ad-hoc and there is need for a coordinated, strategic and systematic response to address HIV issues, especially the disruption of services and vulnerability among population segments such as women and young people. Financial resources and limited capacity are key challenges. Civil society and humanitarian actors can play a key role in HIV response in humanitarian settings.

The Humanitarian Emergency Fund launched by the Global Fund provides a golden opportunity to address HIV in emergency settings in the Region. It was felt that all partners need to discuss and agree on a coordinated response and an optimum implementation modality to access this Fund.

Recommendations were made by the meeting to Member States and to WHO and partner agencies for implementation over the coming year.

### **3. Recommendations**

#### ***To Member States***

##### *Strategic information, strategic planning and target setting*

1. National AIDS programmes should develop (or review the existing) targets for HIV testing and treatment to ensure that targets are ambitious and evidence-based using the approaches presented/discussed at the meeting (involving all relevant stakeholders).
2. National AIDS programme managers should share testing and treatment targets with WHO.
3. National AIDS programme managers should make use of the WHO HIV test-treat-retain cascade analysis tool to identify challenges, opportunities and solutions that need to be considered for evidence-based target setting.
4. Global Fund-eligible countries should make use of the grant opportunities of the new Global Fund funding model to mobilize resources to fill strategic information gaps and build health information system capacity.
5. The availability of data for indicators along the test-treat-retain cascade should be reviewed and key national indicators selected (defined as being in the global AIDS response progress reporting top ten health sector global indicators), for which data collection and management should be strengthened over a year.
6. National AIDS programmes should focus on building the capacity of the monitoring system to measure the selected indicator(s).

*Treatment*

7. National standards of care should be defined and their implementation monitored.
8. A minimum of two (of the five) HIV drug resistance early warning indicators should be selected and monitored at all antiretroviral treatment facilities.

*Key populations*

9. WHO consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations should be adapted to country contexts through national stakeholder consultations and disseminated.

*Regional case reporting database*

10. National AIDS programme managers should participate in a pilot of the new electronic WHO HIV surveillance database for reporting on HIV/STI 2013 surveillance data and provide feedback to WHO on its feasibility.

*To WHO and partner agencies*

11. High-level advocacy should be undertaken to secure the commitment of decision-makers to the implementation of the WHO on HIV prevention, diagnosis, treatment and care for key populations.
12. Advocacy should be undertaken for civil society involvement and capacity-building in scaling-up HIV testing and treatment services.

13. Ministries of Health of countries affected by emergencies should be supported to include HIV in emergency response planning and implementation.

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