

Summary report on the

Regional consultation on the global health sector strategies (GHSS) on HIV, hepatitis and STIs, 2022–2030

WHO-EM/STD/209/E

Virtual meeting
24–26 May 2021



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

In 2016, the Sixty-ninth World Health Assembly adopted three global health sector strategies (GHSS) on HIV, viral hepatitis and sexually transmitted infections (STIs) for the period 2016–2021. The three GHSS were aligned with universal health coverage and the Sustainable Development Goals, and each were framed by a vision to ensure the epidemics would be ended as public health threats by 2030. However, despite considerable progress in some areas of prevention and treatment, most of the interim targets for 2021 across the three strategies will not be reached. This underscores the need for a revised post-2021 strategic framework to guide the final push to achieve the 2030 goals.

In 2021, the WHO Eastern Mediterranean Region is characterized by a growing epidemic of HIV, as well as a high burden of viral hepatitis B and C and STIs. Sexual transmission and injecting drug use are fuelling the growth of these epidemics in the Region. Weak infection control and injection safety measures also continue to cause HIV and hepatitis C virus (HCV) transmission in the population, as demonstrated in the major outbreak of HIV that occurred among children in Pakistan in 2019.

In the final quarter of 2020, WHO initiated a process to update the three interlinked GHSS for 2022–2030, so that the World Health Assembly will be able to consider finalized drafts of the strategies in 2022. The updated strategies will build on the strategic actions of the three previous GHSS, which are still relevant for the coming period. However, responding to developments in the epidemics, new innovations in prevention, treatment and care, and the needs of specific population groups will increase their relevance. Furthermore, the COVID-19 pandemic has provided lessons and insights on the need to develop resilient health systems. These aspects all need to be included in the updated strategies.

In January 2021, the 148th Executive Board requested WHO to ensure that a broad consultative process informs the next phase of the three GHSS. Therefore, on 24–26 May 2021, the WHO Regional Office for the Eastern Mediterranean held a virtual regional consultation attended by 14 countries, four independent experts, five civil society organizations, regional partners and WHO staff from headquarters, regional and country levels.

The objectives of the consultation were to:

- inform participants about the GHSS development process, strategic approaches and draft contents;
- discuss the regional implications of the proposed GHSS and related regional considerations; and
- provide regional input to the draft GHSS.

Dr Ahmad Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, inaugurated the virtual consultation with a message delivered by Dr Rana Hajjeh, Director of Programme Management at the WHO Regional Office. In the address, Dr Al-Mandhari welcomed participants, praised the efforts made to ensure the continuity of services during the COVID-19 pandemic, and urged that momentum be maintained for achieving the control and elimination of HIV, viral hepatitis and STIs. The Regional Director emphasized the importance of the new interlinked strategies for strengthening advocacy and guiding interventions towards elimination of the diseases by 2030, and as a step towards the regional goal of “Health for all, by all”. He stressed the need to integrate HIV, hepatitis and STI services within broader health systems, with universal health coverage as the way to improve primary health care services, increasing access and providing patient-centred services.

2. Summary of discussions

Overview of the proposed strategies and regional update

An overview was provided of the proposed framework, strategic approaches and development process of the new strategies for 2022–2030. The new framework puts people at the centre of the response, highlighting the need to leverage and advance universal health coverage and primary health care as key strategic directions for HIV, hepatitis and STIs. The strategies focus on the integration and alignment of the disease programmes across different health system domains, including governance, health information, essential health commodities, workforce and financing. Integrated service delivery approaches are emphasized for achieving elimination through decentralization of services, provision of community-led and community-based services, and adaptation to special settings (for example, prisons, refugee settings and humanitarian crises).

The burden of HIV, hepatitis and STIs in the Eastern Mediterranean Region was reviewed, as was regional progress towards the global elimination targets by 2019. The Region still faces many challenges in addressing HIV, hepatitis and STIs. Despite the progress achieved by Member States, the HIV burden is still growing in the Region, with a 57% increase in AIDS-related deaths and 47% increase in new HIV infections since 2010, in contrast to the global decline. Despite remarkable initiatives for the elimination of hepatitis in countries like Egypt, many people in the Region still do not have access to testing and treatment services, with only 14% of people living with hepatitis B virus (HBV) diagnosed and just 2% accessing treatment. Similarly, only 37% of people living with hepatitis C are diagnosed and only 33% have received treatment. STI programmes remain weak in the Region and suffer from huge data gaps that hinders responses at country level. Gaps have been identified, particularly in access to services for key populations such as people who inject drugs

(PWIDs), men who have sex with men, sex workers, prisoners and transgender people. Unsafe injections remain common in the Region and continue to contribute to new HIV and HCV infections.

Participants discussed the proposed new strategies in light of the situation in the Region and felt that they resonated with the Region's needs and would be feasible to implement. Private sector engagement, emergencies and a focus on vulnerable populations, such as migrants and displaced populations, were highlighted as persistent challenges that needed to be addressed through the practical interventions outlined in the strategies.

Review of implementation of the GHSS 2016–2021

Countries presented examples of the implementation of the previous strategies. This identified successes and challenges for the way forward.

Egypt presented its experience in hepatitis elimination, outlining the country's efforts from the establishment of a national committee for viral hepatitis in 2006 up to the recent Presidential campaign (the 100 million Seha initiative) to screen 60 million Egyptians and treat more than 3.5 million for HCV infection. Key aspects of the campaign included the highest-level political commitment, a price reduction for hepatitis C medicines, a multisectoral approach, the establishment of new platforms (strategic information platforms and a referral website), the phased scaling up of testing and treatment, and expanding testing to include other comorbidities such as diabetes and hypertension.

Pakistan presented on its HIV situation, with an overview of the scale of the national response and the challenges facing the health system. Although the highest burden country in the Region, the scale of services is still very limited, with only 21% of the estimated 150 000 people living with HIV (PLHIV) in the country being diagnosed and 12% receiving

treatment. Discussion highlighted the need to prioritize services for key populations, in particular for PWIDs who drive the epidemic in Pakistan. Lessons were identified, building on the innovative policies implemented during the COVID-19 pandemic, such as multi-month dispensing of antiretroviral medicines and optimizing the engagement of community organizations in outreach and the delivery of medications to PLHIV. The issues of stigma and discrimination, loss of patients from care and treatment, and limited funding were all highlighted as persistent challenges that needed to be addressed.

Lebanon presented on their hepatitis response within the context of a concentrated hepatitis epidemic among key populations. In 2016, Lebanon implemented a testing and hepatitis B vaccination programme among PWIDs, men having sex with men, prisoners and sex workers. The programme actively collaborates with community organizations to deliver comprehensive harm reduction for PWIDs. This focused strategy has helped decrease the prevalence of HCV infection among PWIDs from 50% to 16%. The national programme is now focusing on achieving elimination in haemodialysis patients, PWIDs and prisoners.

Regional input into the proposed GHSS

The consultation broke into four working groups on: (1) HIV and cross-cutting areas; (2) hepatitis and cross-cutting areas; (3) STIs and cross-cutting areas; and (4) inter-programme collaboration and cross-programme efficiencies. Participants then consolidated their feedback on the proposed strategies.

Discussion during the group work focused on key priority actions for both WHO and countries that could be included in the GHSS to help progress the policy dialogue, strengthen advocacy and enhance political commitment at country level. Furthermore, the working groups discussed

the key elements of national responses for the three disease areas that would benefit from integration within the primary health care system.

The working group that discussed inter-programme coordination and cross-programme efficiencies examined options that would enable people-centred, integrated HIV, hepatitis and STI services. Participants in this group identified the key services that could be provided in an integrated manner and proposed actions for both WHO and Member States to strengthen integration of the three disease areas and provide patient-centred services. The group highlighted the optimizing of common platforms for testing (such as GeneXpert machines), strengthening linkages between programmes, integrated advocacy, and integration of surveillance activities as the key actions to improve efficiency across the three disease areas.

Discussion highlighted that integration within primary health care will benefit both the health system and patients by improving access to services, patient satisfaction with services and data generation, and by reducing stigma and discrimination.

Participants in the working groups urged WHO to strengthen data generation in a manner that improves advocacy and awareness, and to continue advocating with its partners for the mainstreaming of resources for the three disease areas.

Closing session

Dr Yvan Hutin, Director of Communicable Diseases at the WHO Regional Office, thanked participants for attending the meeting and applauded the commitment and efforts of Member States in continuing to provide services for the three disease areas during the COVID-19 pandemic. He highlighted the importance of leveraging primary health

care to strengthen work in the three disease areas, and said that the integration approach embedded in the new strategies would help strengthen the health systems in countries. He noted the lack of emphasis on the importance of infection control to prevent HIV, HBV and HCV, and said that the Region should not forget this issue, given the occurrence of nosocomial HIV outbreaks. Dr Hutin also reiterated the willingness of WHO to provide the technical support needed by countries to achieve the elimination targets for the three disease areas.

3. Recommendations

To Member States

Strengthen national commitment towards the three disease areas

1. Include HIV, hepatitis and STI services in universal health coverage essential benefit packages.
2. Increase domestic investment and explore catalytic donor assistance.
3. Take pragmatic action to enable the prevention of new infections, and in particular stop health care-associated infections.
4. Invest in micro-elimination initiatives by population group/area, when a national scale response is not feasible.

Improve service delivery structures and foster integration between the three disease areas

5. Identify areas for integrated service delivery and strengthen inter-programme collaboration and coordination.
6. Leverage the primary health care system through developing plans for the integration of elements that enable efficiencies and gains for the HIV, hepatitis and STIs responses (such as diagnostic platforms and data systems).

7. Adapt services to the needs of the most at-risk and vulnerable groups in a manner that ensures expanded equitable access and leaves no one behind, including key populations, children, women (including pregnant women), migrants, internally displaced populations (IDPs) and refugees.
8. Develop national strategies to engage the private sector in expanding access to services, standardizing quality and data-sharing.
9. Strengthen civil society and its involvement in the national responses to HIV, hepatitis and STIs.

Improve access to medicines and diagnostics

10. Develop price reduction strategies for diagnostics and medications and learn from successful models in the Region.
11. Leverage COVID-19 investments for laboratory, infection prevention and control, and other health system strengthening to expand the disease-specific responses.

Strengthen advocacy and communication to reduce stigma and discrimination, including among health care workers

12. Develop integrated advocacy and communication activities across the three disease areas, including for stigma reduction and active engagement of the health workforce, media, syndicates, charities, religious associations and others.

Improve strategic information and data generation

13. Compile existing data and conduct necessary epidemiological studies to accurately assess the burden and epidemiology of the three disease areas.

14. Conduct disease-specific and coinfection-related studies to enable evidence-based prioritization and determine efficiencies in the responses.
15. Improve case-based and sentinel surveillance to enable early detection of outbreaks and risk groups.

To WHO

Strengthen national commitment towards the three disease areas

16. Advocate for higher political commitment, the allocation of domestic resources and the inclusion of HIV, hepatitis and STI services in universal health coverage essential benefit packages.
17. Foster experience-sharing within countries and between WHO regions through convening networks and by documenting and sharing best practices.
18. Ensure coordination between WHO headquarters, country offices and the Regional Office, so that the necessary technical support is provided to countries.

Improve service delivery structure and foster integration between the three disease areas

19. Provide context-adapted strategic guidance based on epidemiology, particularly differentiating between low, concentrated and generalized epidemic settings, and addressing key challenges related to complex emergency settings.
20. Provide strategic guidance for integrated service delivery for HIV, hepatitis and STIs, taking into account country contexts and complexities and leveraging the primary health care system.
21. Assist countries in developing strategies for engaging the private sector in responses.

Improve access to medicines and diagnostics

22. Advocate for better accessibility to medicines and commodities in low- and middle-income countries, including direct-acting antivirals (DAA), human papillomavirus vaccines and hepatitis diagnostics.
23. Position HIV, hepatitis and STIs within humanitarian and emergency responses.

Strengthen advocacy and communication to reduce stigma and discrimination, including among health care workers

24. Provide technical support for dialogue between stakeholders at national and regional levels, including government institutions, clinical experts, professional associations, academia, the private sector, civil society and development partners.

Improve strategic information and data generation

25. Monitor progress towards global targets across the three disease areas.
26. Provide technical support to Member States to strengthen strategic information.

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