WHO-EM/STD/213/E

Summary report on the

Meeting on facilitating the adoption of the new WHO recommendations for HIV, viral hepatitis and STI interventions in the Eastern Mediterranean Region

Cairo, Egypt
12–14 December 2023

World Health Organization
Eastern Mediterranean Region

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1. Introduction

The WHO Eastern Mediterranean Region faces a growing epidemic of HIV and a high burden of undiagnosed hepatitis B virus (HBV), hepatitis C virus (HCV), and sexually transmitted infections (STIs). Sexual transmission and injecting drug use are major drivers of the growth of these epidemics in the Region. Weak infection control and injection safety practices in health care settings in some countries also contribute to HIV and HCV transmission. Although progress has been made, the regional response is largely off-track and most of the regional targets have not been achieved. The global health sectors strategies on HIV, viral hepatitis and STIs (2022–2030)[1], and the regional action plan for their implementation, provide a framework for ending AIDS, eliminating viral hepatitis and controlling STIs by 2030. They build on the principles of universal health coverage and leveraging the health system, in particular primary health care, to achieve results. To support implementation, WHO has developed evidence-based guidelines and recommends differentiated and people-centred service delivery models across the cascade of care, including prevention, testing, linkage and treatment. Some of the gaps in the regional epidemic can be attributed to slow uptake of these effective evidence-based interventions and innovative service delivery approaches.

Against this background, WHO convened a meeting in Cairo, Egypt, on 12–14 December 2023 to facilitate the adoption of the new WHO recommendations for HIV, viral hepatitis and STI interventions in the Region.

The specific objectives of the meeting were to:

- advance national adoption of regionally relevant priority HIV, viral hepatitis and STI recommendations, using the latest guidelines and tools, to scale up a quality response; and
- identify challenges and potential solutions to accelerate adoption/adaptation and implementation of priority interventions.

[1] Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030. Geneva: World Health Organization; 2022.

The meeting was attended by national HIV and hepatitis programme managers and WHO country office focal points from 13 countries of the Eastern Mediterranean Region, as well as representatives of regional networks of key population organizations, international partners and United Nations agencies. The meeting was conducted in a hybrid format, with most presenters and country participants attending in person.

2. Summary of discussions

Regional epidemiological overview of HIV, viral hepatitis and STIs

The Eastern Mediterranean Region is one of only two WHO regions with a growing HIV epidemic, witnessing a 98% increase in new HIV infections and 72% increase in HIV-related deaths since 2010. This contrasts with declines in new HIV infections and HIV-related deaths globally. Key populations, including men who have sex with men, people who inject drugs, transgender people, sex workers and people in prison and other closed settings, are the most affected by HIV in the Region and a majority of new HIV infections occur in this group.

HIV testing is the main bottleneck in the cascade of care. Of the estimated 490 000 people living with HIV in the Region in 2022, only 38% were diagnosed. Testing services are often focused on low-risk groups and key populations are not prioritized. Consequently, many people are diagnosed late, and treatment (27%) and viral suppression (24%) coverage remain low, resulting in ongoing transmission.

The Eastern Mediterranean Region also has a significant burden of HBV (15 million) and the highest burden of HCV (12 million) across all WHO regions. Despite the availability of highly effective treatments for HCV, only 33% had received treatment as of 2019. Treatment coverage for HBV remains at only 2%.

Despite the high burden of curable STIs in the Region, with nearly 29 million estimated cases of chlamydia, gonorrhoea, syphilis and trichomoniasis in 2020, STIs are not getting enough attention. Although some countries have integrated

STI programmes within HIV programmes and others are considering this, most STI programmes remain nascent and unfunded.

Overall, regional progress towards the global elimination HIV, viral hepatitis and STI targets remains off-track. The scaling up of evidence-based interventions, innovative approaches and political will at country level is therefore needed to get the regional response back on track.

Prevention services for key populations

The burden of HIV, viral hepatitis and STIs disproportionately affects key populations globally and in the Region. A new UNICEF report on HIV and young key populations in the Middle East and North Africa highlights the low levels of knowledge about HIV among young people and low coverage of services, but also the opportunities to address these gaps.

The 2022 WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations and 2023 Recommended package of interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for people who inject drugs: policy brief, highlight the importance of addressing structural barriers to facilitate interventions focused on key populations. The introduction and scale up of pre-exposure prophylaxis (PrEP) and harm reduction for people who inject drugs are available high impact interventions with slow uptake in the Region.

A panel discussion with panellists from ministries of health (Egypt, the Islamic Republic of Iran, Morocco, Yemen) and regional networks (the International Treatment Preparedness Coalition and Middle East and North Africa Harm Reduction Association) discussed current progress and plans for scaling up PrEP and harm reduction in the Region.

Differentiated testing services

New WHO-recommended innovative testing approaches that should be prioritized for introduction and scale up were presented and discussed. These include:

- a strategic mix of differentiated testing approaches;
- community-based testing, rapid diagnostic tests and task sharing;
- self-testing to facilitate uptake of testing among people not otherwise tested in facilities;
- voluntary partner services, including social network-based testing, to increase HIV diagnoses and identify additional people with HIV;
- virtual interventions to generate demand and improve the accessibility of services; and
- integrated testing programmes for HIV, viral hepatitis and STIs.

Differentiated models for treatment

Three presentations focused on differentiated service delivery (DSD) models for HIV treatment and care, viral hepatitis diagnosis and management, and STI diagnosis and syndromic management. The presentations summarized the key interventions and latest WHO guidance.

The key messages on HIV were that:

- DSD can be applied across the cascade of care and to all populations, including children, adolescents, pregnant women and key populations;
- HIV treatment dispensing with three to six months frequency (multi-month dispensing) has been taken up widely in countries, but the use of community-based DSD ART models remains limited;
- psychosocial support interventions and meaningful engagement of peers should be considered; and
- continued monitoring and analysis of outcome data across populations allows quality improvement and optimization.

The key messages on viral hepatitis were that:

- affordable pricing of HBV and HCV treatments is now available, paving the way for treatment scale up;
- the application of simplified diagnostics (self-testing, reflex testing, point-of-care testing) and treatment referral pathways can facilitate uptake and scale up;
- wider treatment eligibility for HBV is forthcoming in new guidelines;
- decentralization and co-location of testing and treatment, integration with existing services, and task sharing to trained non-specialist doctors and nurses are service delivery options to be considered; and
- HBV prophylaxis, including birth dose and prevention of mother-to-child (vertical) transmission (PMTCT), needs to be scaled up.

The key messages on STIs were that:

- effective prevention opportunities for STIs include raising awareness through education and outreach, condom promotion and human papillomavirus vaccination for girls as part of the national vaccination programme;
- if resources are limited, STI testing can be focused on pregnant women, key populations, and individuals presenting with symptoms or attending PrEP services;
- new innovative approaches are available, including dual HIV/syphilis rapid tests and syphilis self-tests, while lateral flow tests for STIs are in development; and
- adopting optimized syndromic management, treatment and expanded partner services can improve STI management.

Person-centred strategic information

There were presentations on the: availability of country surveillance data for monitoring progress; latest consolidated guidelines for person-centred HIV

strategic information; SMART guidelines and digital tools to improve HIV services and programmes; and use of DHIS-2 tracker for case surveillance.

The key messages were that:

- there is a lack of data to accurately describe the HIV and hepatitis burden and service coverage among the key and most-affected populations in the Region, especially for STIs;
- there is a need to strengthen routine, individual-level data systems to improve national capacity to monitor and respond to health needs in real time at national and subnational levels;
- offering integrated services across related infections (HIV, viral hepatitis, STIs, TB, cervical cancer) can improve health outcomes and linkages between health services; and
- the use of SMART guidelines and digital surveillance tools can improve the quality, consistency and standardization of surveillance systems.

Integrated programming and service delivery

A presentation outlined programmatic and technological opportunities for integration and delivering high-impact interventions, including PMTCT of HIV, syphilis and HBV, diagnostic network integration, and integrated strategic plans and programme review tools for HIV, viral hepatitis and STIs.

A regional elimination of mother-to-child transmission assessment indicated that the coverage of PMTCT services is low in most countries in the Region. Consistent challenges include insufficient engagement of the private sector, a lack of robust surveillance and inadequate coordination with maternal and child health programmes. Some high-income countries report a high coverage of services and may have achieved the impact targets but not yet embarked on seeking the validation of elimination through WHO processes. Participants were oriented on the WHO criteria and processes for the validation of achieving elimination. As of December 2023, only Oman has been validated for dual elimination of mother-to-child transmission of HIV and syphilis in the Region.

The diagnostic capacity that exists in countries is often underutilized, particularly since the COVID-19 pandemic. Diagnostic network optimization and integration can strengthen health systems and improve efficiencies. Some countries reported that they had started to utilize diagnostic testing capacity across disease areas. Further optimization can be achieved in other areas, such as supply chain, sample transport, human resources and quality assurance. Countries should consider undertaking diagnostic network assessment and developing national strategic plans to address gaps and improve performance.

Often countries have separate strategic plans for HIV, viral hepatitis and STIs leading to fragmentation and inefficient programme review processes. Countries should consider integrating national strategies and service delivery approaches across HIV, viral hepatitis and STIs, in line with the global health sector strategies (2022–2030) and regional action plan. New programme review tools and guidance exist to help develop integrated national strategic plans for HIV, viral hepatitis and STIs.

Interactive group work

During the meeting, interactive group work activities were undertaken, aligned with the topics covered that day. Participants worked in groups of 10–12 and completed the indicative group work matrices provided. This gave participants an opportunity to reflect on the gaps, progress and priorities in the different areas and to learn from the experiences of other countries. The group work was followed by short feedback to the plenary by each group and a facilitated discussion. On the last day, participants worked in their own country groups to identify priority interventions to scale up in their own contexts. This included the prioritization of interventions across the three disease areas (HIV, viral hepatitis, STIs), identification of opportunities for integration and need for any policy changes and external technical support. The group work was followed by short feedback by each group and a facilitated discussion. The completed country matrices provide a tool for further developing country plans and focused country follow-up to facilitate implementation.

3. Recommendations

To Member States

1. Develop country plans for the adaptation and implementation of the prioritized interventions.
2. Regularly review progress against agreed milestones.

To WHO

3. Conduct focused virtual follow-up with countries to refine their plans and identify their technical support needs.
4. Regularly review progress against agreed milestones.

4. Next steps

WHO will follow-up with countries through its country offices and virtual discussions to refine their plans and support implementation of the prioritized interventions.

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