WHO-EM/STD/217/E

Summary report on the

Policy dialogue on scaling up testing for HIV, hepatitis and STIs in the Eastern Mediterranean Region

Cairo, Egypt
22–24 October 2024

World Health Organization
Eastern Mediterranean Region

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1. Introduction

The WHO Eastern Mediterranean Region faces a growing epidemic of HIV, a high burden of undiagnosed viral hepatitis B (HBV) and C (HCV), and a rising burden of sexually transmitted infections (STIs). Despite an overall low regional HIV prevalence of less than 0.1% in the general population, key populations face a high burden of HIV. The majority of HIV infections (62%, equivalent to 328 600 people) remain undiagnosed. The Region is significantly off track in achieving Sustainable Development Goal target 3.3 and the United Nations 2030 Fast Track "95-95-95" targets (95% of people living with HIV know their HIV status, 95% of people who know their status are receiving HIV treatment, and 95% of people on treatment are virally suppressed).

The Eastern Mediterranean Region also faces significant challenges related to the burden of HBV and HCV. The Region is home to the greatest number of people with chronic HCV (12 million) among all WHO regions and 15 million people with chronic HBV. However, coverage of testing and treatment for HBV and HCV remains very low: Together, they account for nearly 224 000 new cases annually and 97 000 deaths. Egypt has made notable progress with a highly successful elimination campaign that screened 60 million people and treated 4.1 million people, becoming the first country globally to have been certified for the path to elimination of HCV as a public health problem.

STIs are on the rise in the Region, with limited national responses failing to match the disease burden. According to WHO estimates of the disease burden in 2020, there were 2.4 million new cases of syphilis, 1.8 million new cases of gonorrhoea, 15 million new cases of chlamydia and 9.5 million cases of trichomoniasis in the Eastern Mediterranean Region. In 2022, prevalence estimates in the general population from systematic reviews showed chlamydia prevalence at 3.9%, trichomoniasis at 2.5%,

syphilis at 0.6% and gonorrhoea at 0.5% in the Region. The prevalence is higher in key populations and other risk groups.

The key gap in the continuum of care for HIV, viral hepatitis and STIs in the Eastern Mediterranean Region lies in diagnosis, which impedes progress in subsequent treatment and care steps, including achieving viral suppression (for HIV and HBV) or cure (for HCV and STIs). Addressing the regional epidemic has been hindered by factors such as limited political commitment and slow adoption of differentiated service delivery models and innovative approaches, particularly for testing. Achieving Sustainable Development Goal target 3.3 and the global targets on HIV, viral hepatitis and STIs by 2030 will be challenging if the Region continues at the current pace. Only a concentrated focus and surge in efforts will enable progress toward these targets.

In this context, the WHO Regional Office for the Eastern Mediterranean convened a three-day regional policy dialogue in Cairo, Egypt, from 22 to 24 October 2024, to promote the scale-up of evidence-based differentiated testing approaches at country level to accelerate the regional response. For this policy dialogue, countries with the highest burden of the diseases and gaps in response were prioritized.

The objectives of the meeting were to:

- scale up differentiated service delivery approaches for testing, including new interventions, digital tools and integrated models; and
- develop country plans for scaling up testing services in countries.

The meeting was expected to deliver several outcomes, including:

- raised commitment to scaling up differentiated service delivery approaches for testing in countries, including through new interventions, digital tools and integrated service delivery models; and
- country roadmaps to scale up testing programmes developed.

The policy dialogue was attended by managers of the national HIV and hepatitis disease control programmes of ministries of health, representatives of regional civil society organizations and networks of key populations, donors and development partners, including the Centers for Disease Control and Prevention (CDC) and The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), United Nations agencies, including the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) and International Organization for Migration (IOM), and WHO country focal points. Seven countries participated, including Egypt, the Islamic Republic of Iran, Morocco, Pakistan, Somalia, Sudan and Yemen.

2. Summary of discussions

The policy dialogue was designed as a forum to present and discuss strategies for scaling up HIV, hepatitis and STI testing services in participating countries and across the Eastern Mediterranean Region. It included sessions on differentiated testing approaches, self-testing, virtual interventions, integration, re-engagement into care and prioritization of the viral hepatitis response. Presentations on regional and funding opportunities from a donor perspective complemented the discussions and set the ground for alignment with global health priorities.

The meeting was structured as a blend of expert-led presentations, interactive panel discussions and practical country case studies highlighting specific experiences. Participating countries had an opportunity to share insights on implementation of testing services in diverse contexts, including humanitarian and conflict settings. This facilitated the discussions and knowledge exchange across the participating countries.

Regional epidemiological overview for HIV, hepatitis and STIs

The first session focused on the epidemiology of HIV, hepatitis and STIs in the Eastern Mediterranean Region. The Region's countries are characterized by diversity in their geography, socioeconomic status and epidemic characteristics. Many have been facing protracted emergency situations, conflicts and natural disasters.

In 2023, there were an estimated 530 000 people living with HIV (PLHIV) in the Region. This represents a 42% increase since 2015. Six countries bear 87% of the PLHIV burden (Pakistan: 55%, Sudan: 9%, Egypt: 8%, Islamic Republic of Iran: 8%, Morocco: 4% and Yemen: 3%). The HIV epidemic in the Region is focused among key populations, such as men who have sex with men, people who inject drugs and sex workers. The progress against the 95-95-95 HIV targets is alarmingly low, with only 38% of PLHIV diagnosed, 28% receiving antiretroviral therapy and 24% achieving viral suppression. Despite a 227% increase in the number of people receiving treatment since 2015, no meaningful increase in diagnosis coverage has been achieved due to a simultaneous increase in new HIV infections.

The Region is also characterized by a high burden of HBV and HCV infections, with 2.1% and 1.8% regional prevalence, respectively. The highest burden is observed in Pakistan, with 25% of all people in the Region with HBV and 75% of all people with HCV. The progress in HCV testing and treatment coverage has been largely driven by Egypt and more recently by Pakistan. In 2022, 49% of people with chronic HCV in the Region were diagnosed and 35% had received treatment. The coverage for HBV testing (14%) and treatment (2%) was lower.

The data on the burden of STIs largely rely on modelling estimates and systematic reviews. In 2022, prevalence estimates in the general

population in the Region from systematic reviews were as follows: chlamydia 3.9%, trichomoniasis 2.5%, syphilis 0.6% and gonorrhoea 0.5%.

Key messages from the session:

- Testing efforts are not focused where they are needed the most, with ~94% of testing conducted among low-risk groups and only ~6% of tests conducted among key populations, which provide nearly half (49%) of all new HIV diagnoses.
- Countries largely deliver testing services through conventional facility-based testing, with low uptake of community-based testing and lay provider testing.
- There are gaps in uptake and implementation of innovative testing approaches such as self-testing, network-based testing and virtual interventions, with only a few countries adopting these approaches in national policies and implementing them routinely.
- The introduction and scale up of differentiated testing services approaches with linkage to appropriate prevention and treatment services remains a critical priority in the Region.

Differentiated testing approaches and regional priorities

The next session focused on differentiated approaches to testing services for HIV, hepatitis and STIs highlighted three key domains for delivering services: demand generation, service delivery models and linkage to post-test services. A presentation provided updates on WHO's recommended testing approaches and outlined opportunities for integrating services and maximizing efficiencies.

The Global Fund, a key external donor for HIV programmes in the Eastern Mediterranean Region, provided insights into the main challenges faced in the implementation of Grant Cycle 7 (covering the 2023–2025 allocation period) and presented an analysis of anticipated investments in HIV testing

in the next grant cycle (2026–2028). Approximately 10 million HIV tests are expected to be procured in countries of the Region during the next grant cycle, comprising 75% conventional rapid tests, 20% dual HIV/syphilis rapid tests and less than 5% self-tests. The new Global Fund strategy emphasizes the integration of person-centred health services within HIV platforms, aiming to improve health outcomes, expand differentiated care models and advance universal health coverage.

Key messages from the session:

- Differentiated testing services in the Eastern Mediterranean Region should reorient to reach the most PLHIV who do not know their status as effectively and efficiently as possible using a strategic mix of HIV testing approaches focused on priority populations (key populations and their partners, partners of PLHIV).
- Integrated testing for HIV, hepatitis and STIs optimizes resources and improves service efficiency, but requires collaborative, cross-cutting policies and strategies.
- The limited resources available should be strategically focused and scaled up to address the gap in diagnosis and subsequent linkage to prevention and testing services. A strategic approach to testing modalities, scope and targeted populations, coupled with efficiencies in product choices, can help in achieving the scale-up.
- Among the barriers to differentiated testing in the Region are: a lack of civil society and community-based organization involvement in demand generation, service delivery and monitoring; restrictions on lay providers for provision of HIV testing; centralized diagnostics; and service delivery models with limited task sharing and lack of service integration.

Scaling up differentiated testing services – self-testing, network-based testing and partner services

This session focused on new and innovative approaches, such as self-testing, network-based testing and partner services, and highlighted implementation considerations for these interventions. The three presentations summarized key evidence and the latest WHO recommendations and guidance and provided a country case example from Pakistan on the phased scale-up of HIV self-testing. The session closed with a panel discussion that explored opportunities and pathways for mainstreaming and scaling up self-testing, with panellists from a ministry of health (Egypt), United Nations partner agencies (Pakistan and Sudan), and a civil society organization (Lebanon) and regional network of women living with HIV, sharing insights on adapting self-testing strategies to diverse regional contexts and needs.

Key messages from the session:

- A strategic mix of HIV testing services approaches, including self-testing, is essential to effectively reach priority populations.
- Task-sharing in testing services improves uptake, is preferred by clients (especially key populations and young people) and enables more people to know their status.
- A comprehensive package of partner services and network-based testing, guided by community leadership and adaptable to resource constraints, can be an effective and affordable approach for case finding.
- Phased expansion of self-testing in Pakistan to reach key populations not otherwise accessing services provides a potential model to replicate in other countries.

Virtual interventions and innovations for demand generation

This session provided an overview of virtual interventions and artificial intelligence (AI) for testing services, insights into innovative approaches used for regional testing campaigns, and country experience with virtual demand generation and HIV self-testing delivery platforms in Pakistan.

Key messages from the session:

- Integrating virtual interventions and responsibly leveraging AI-powered tools in national programmes can enhance efficiency, broaden reach and effectively engage populations, particularly those that are unreached.
- World AIDS Day initiatives have successfully increased both HIV testing and case diagnosis in the Region, highlighting the effectiveness of social media in creating demand for HIV testing among high-risk groups.
- Self-testing provides exciting opportunities and flexibility in operationalizing virtual service delivery platforms and network-based approaches when supported with appropriate demand generation.

Prioritizing viral hepatitis in national responses

This session looked at strategic approaches to strengthen national hepatitis responses across the Eastern Mediterranean Region. A presentation on the forthcoming WHO operational guide on planning person-centred HBV and HCV services provided an overview of the essential steps for initiating and prioritizing the national hepatitis response, and considerations when resources are limited. The session also highlighted opportunities for countries to leverage international grants, particularly from the Global Fund, to enhance hepatitis response efforts and optimize resources.

The session concluded with a panel discussion in which country programme managers (from Egypt, the Islamic Republic of Iran, Morocco, Pakistan, Somalia and Sudan) shared insights on the progress, challenges and strategic directions in their hepatitis response. This exchange provided a regional perspective on key issues, including implementation, capacity-building and partnership development, enabling participants to compare approaches and identify opportunities for collaborative progress.

Key messages from the session:

- Countries should develop policies that define a strategic mix of HBV and HCV testing approaches, based on their unique country situation and priorities.
- Adapting a structured, 5-step approach (outlined in the WHO operational guide), including a situational analysis, identifying priority populations, choosing differentiated testing models, strategically mixing approaches and ongoing monitoring, ensures testing is person-centred and responsive to local contexts and needs.
- The Global Fund supports focused integrated testing and treatment services for viral hepatitis within HIV grants, promoting decentralized, person-centred service delivery through innovative diagnostics, simplified treatments and scalable solutions.

Focus on EMTCT efforts in the Eastern Mediterranean Region

This session focused on strategic efforts towards the triple elimination of mother-to-child transmission (EMTCT) of HIV, HBV and syphilis. It started with a presentation on the regional assessment of progress towards triple EMTCT conducted in 2023, which resulted in development of a regional roadmap. So far, only Oman has been validated for EMTCT of HIV and syphilis in the Eastern Mediterranean Region. As an output of the assessment, countries were categorized into

three groups according to their level of achievement against the targets; with five countries at or near achieving the EMTCT targets; eight countries on track to achieving the targets, with some gaps; and 10 countries with major gaps or low coverage of interventions. The assessment focused on programme service delivery, data and information management, laboratory information system and community engagement, human rights and gender equality. Among gaps identified were partial integration of services, challenges in HIV case finding, lack of male partner involvement, weak and fragmented data on EMTCT interventions, limited data on syphilis and HBV testing, weak supply chains, limited coordination with the private sector, high levels of stigma and discrimination, and limited community engagement.

The session also included country presentations from Egypt and the Islamic Republic of Iran, which described their prevention of mother-to-child transmission programmes and plans for undertaking self-assessment for EMTCT to inform their future submissions for validation.

Key messages from the session:

- Countries require differentiated support according to their progress and readiness for EMTCT, as outlined in the regional roadmap.
- Building on the Iranian EMTCT experience, there should be a focus on strengthening sustainable HIV programmes, expanding diverse care models tailored to community needs and securing stronger political support to overcome implementation challenges, improve monitoring and ensure equitable access to testing and treatment.
- Egypt faces challenges in EMTCT, including interrupted supply of testing kits, lack of private sector involvement and insufficient focus on priority populations. Moving forward, efforts should prioritize completing the self-assessment and ensuring that women at risk, such as female sex workers and partners of key populations and PLHIV, are prioritized.

Operating in emergency and conflict contexts

Given the Eastern Mediterranean Region's vulnerability to conflicts and emergencies, this session offered insights into service delivery in such contexts, highlighting examples from Sudan and Yemen. Both countries illustrated how pre-existing gaps in health care systems worsened under conflicts, leading to service disruptions across prevention, testing, care and treatment. In Sudan, the onset of conflict underscored the critical role of community engagement and the importance of differentiated service delivery for both testing and treatment. Yemen's example highlighted challenges in engaging with civil society organizations and the limited interventions available to effectively reach key populations.

Key messages from the session:

- In conflict settings, such as Sudan and Yemen, effective service delivery hinges on flexible and adaptable differentiated service delivery models and strong community engagement, helping to retain and restore critical testing and treatment services.
- Multi-month dispensing of HIV medicines has proven feasible and impactful in Yemen, addressing disruptions and supporting sustained care amidst conflict.
- Leveraging community engagement (civil society and networks of PLHIV), differentiated and decentralized service delivery models, and the establishment of antiretroviral therapy pick-up points in collaboration with local organizations, can support the continuity of HIV services and access in conflict-affected and resource-limited settings.

Integrated programming and service delivery

This session highlighted experiences from three countries (Lebanon, Morocco and Pakistan) in service delivery integration. Two presentations featured models delivered by community-based organizations. The session highlighted both successes and obstacles in integrating testing services and ensuring linkage to care and retention. Pakistan's example showed gradual integration of hepatitis services in a package of services for people who inject drugs, but revealed significant gaps in linkage to care and retention on treatment among this population. Morocco's experience showed challenges in achieving the target for HIV diagnosis (the first 95 target) but also highlighted integration efforts as a way forward. Lebanon's approach underscored the importance of integrated, community-based testing services through both mobile units and facilities, effectively reaching key populations.

Key messages from the session:

- Significant gaps exist across the linkage to care and retention in care among people who inject drugs in Pakistan. Differentiated service delivery models and service integration may improve treatment uptake and adherence.
- Integrating HIV self-testing across clinics, mobile units and community outreach expands access for key populations, including those in conflict zones and hard-to-reach areas.
- Morocco's National Integrated Strategic Plan for HIV, Viral Hepatitis, and STIs (2024–2030), emphasizes integrating HIV, hepatitis and STI services to enhance testing and treatment access with a human rights-centred approach, offering a replicable model for other countries aiming to strengthen service integration.

Interventions to support re-engagement into care

This session included presentations on new WHO guidance on re-engagement in HIV care and on a "search and rescue" model for tracing and re-engaging PLHIV in care from Pakistan and Sudan. The WHO guidance provides tailored strategies to address barriers that lead to disengagement from HIV care and offer differentiated pathways to support patients' re-engagement, emphasizing patient-centred and culturally-adaptable approaches. The search and rescue model offers an approach to rapidly identify PLHIV who have disengaged from care (tracing) and re-engage them in care. In Pakistan, the Association of PLHIV implemented the model, while in Sudan, it was implemented by the National AIDS Programme. Both experiences highlighted successful models tailored to the local context.

Key messages from the session:

- Strengthening the HIV response requires institutionalizing community follow-up, gender-sensitive re-engagement strategies, harmonized data management, and differentiated care and treatment, including community-led approaches and peer capacity-building to support lifelong adherence.
- The search and rescue concept proved to be effective and offers a model replicable for other countries.

Interactive group work

The policy dialogue included interactive group works sessions. The participants deliberated within country groups and developed comprehensive country action plans aligned with the overall workshop objectives and country needs. A template was provided to guide the country teams in their group work, helping them prioritize various testing approaches for HIV, hepatitis and STIs. The teams focused on both disease-specific and integrated testing strategies across multiple

diseases, aiming to address the identified gaps within their countries. The teams also identified priority populations, county actions and the policy change needed, and developed timelines for implementation.

Following the group work, each country team provided brief feedback, which led to a facilitated discussion. The completed matrices serve as foundational tools for further development and refinement of plans leading to country actions with focused follow-up and technical support as needed.

Role of donors and partners in supporting testing scale-up

The policy dialogue concluded with a panel discussion, which brought together representatives from key global and regional organizations, including a donor agency (Global Fund), United Nations agencies (IOM, UNAIDS, UNDP and WHO) and a development partner (CDC), all of whom play strategic roles in supporting HIV, hepatitis and STI programmes. The discussion centred on the critical role of donor funding, technical support and partnerships in enhancing national testing efforts, addressing barriers specific to key populations and integrating testing services into broader health systems. Panellists shared insights on aligning resources with national priorities, expanding service coverage and fostering sustainable solutions to strengthen testing programmes across the Region.

3. Participant feedback

At the end of the policy dialogue, feedback was gathered from participants using a paper-based evaluation form. The evaluation assessed various aspects of the meeting, including alignment with country and regional strategic priorities, the relevance and practicality of the content, effectiveness of facilitation and the degree to which the policy dialogue fostered collaboration and actionable decision-making.

The results were very positive, with 70–95% agreement that the various aspects had been successfully achieved.

Participants were also invited to provide their insights and suggestions for improvement in different strategic areas (see Table 1).

Table 1. Participants' insights and suggestions by strategic area

Strategic area	Insights and suggestions
Scaling up testing for key populations	Expanding testing efforts among key populations were seen as crucial, with an understanding that these groups vary significantly by country. Tailored strategies are necessary for effectively reaching these populations.
Innovations in self-testing and other testing approaches	Self-testing and social network-based testing were identified as promising approaches to enhance access and coverage for key populations. These methods/approaches can help overcome barriers and increase reach.
Integrated service delivery	Integration of HIV, hepatitis and STI testing services was viewed as an efficient way to use resources and improve outcomes. Coordinated planning and delivery can help scale up services across health areas effectively.
Addressing gaps between research and implementation	Participants noted gaps between research (e.g. integrated biological and behavioural studies) and practical interventions. Clear definitions for target populations and interventions are needed to ensure strategies are evidence-based and adapted to local contexts.
Cross-learning and adaptation of best practices	A cross-learning environment was seen as valuable for sharing and adapting best practices across contexts. It enabled participants to enhance their programmes with insights from other countries.
Strategic emphasis on localized planning and implementation	Country group work exercises and input from stakeholders were viewed as essential for refining testing strategies and operational plans, promoting a collaborative and locally-tailored approach to the strengthening of interventions.

4. Recommendations

To Member States

1. Implement the prioritized interventions outlined in the country-specific action plans developed during the group work sessions, with the necessary adaptation and contextualization.
2. Engage wider partners and stakeholders in countries to support the implementation of the prioritized interventions and mobilize resources accordingly.
3. Follow up on implementation of country plans and undertake regular review of progress against the agreed milestones.

To WHO and partners

4. Conduct focused virtual follow-up with countries to refine their action plans and identify key activities and relevant technical support needs.
5. Provide technical support to countries as per the agreed and finalized country plans, and liaise with partners to mobilize support and resources, as needed.
6. Regularly review the progress against agreed milestones.

5. Next steps

- WHO will follow up on refining the action plans developed by countries through WHO country offices, with support from the WHO Regional Office.
- WHO will provide the necessary technical support to countries on implementation of prioritized interventions, led by the WHO country office, with support from the WHO Regional Office and WHO headquarters and other partners, as needed.

World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhouri Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int