

Summary report on the

# Subregional consultation with countries to finalize the Middle East Response 3 funding request

WHO-EM/TUB/266/E

Virtual meeting  
28–30 March 2021



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

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## **1. Introduction**

Many countries in the Middle East subregion of the World Health Organization (WHO) Eastern Mediterranean Region are coping with the effects of conflict, humanitarian crises and large numbers of internally displaced people and refugees. To better respond to these challenges, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) launched the Middle East Response Initiative in 2017 to provide essential HIV, tuberculosis (TB) and malaria services to key and vulnerable populations, including refugees, internally displaced people, women, children and other populations, in Iraq, occupied Palestinian territory, Syrian Arab Republic and Yemen, as well as to Syrian refugees in Jordan and Lebanon. The Initiative is implemented by the International Organization for Migration (IOM).

The Global Fund has requested the WHO Regional Office for the Eastern Mediterranean to support the development of funding requests for the third phase of the Middle East Response Initiative (MER3) to be submitted by 30 April 2021, with the objective of supporting HIV, TB and malaria (HTM) control programmes in six countries, including Iraq (TB), Jordan (TB-HIV), Lebanon (TB-HIV), occupied Palestinian territory (TB-HIV), Syrian Arab Republic (TB-HIV) and Yemen (TB-HIV-malaria). IOM, as the principle recipient of the funding, will submit one funding request for the six countries. This will group all HTM programmes together under a total allocation of US\$ 47 million over three years.

To achieve this, three technical units at the WHO Regional Office (HIV/Hepatitis, AIDS and Sexually Transmitted Diseases, Regional TB Programme, and Malaria and Vector Control) undertook technical reviews of the three programmes in the selected countries. The findings of the reviews identified areas to be included for support in the MER3 funding requests. After the findings of the HTM programme reviews were reviewed for final validation, virtual bilateral consultation

meetings were held between the national programme managers for the three diseases in the six countries and technical experts and staff from IOM, the Joint United Nations Programme on HIV and AIDS (UNAIDS) and WHO, to identify high-impact interventions.

To finalize the MER3 funding request, a subregional consultation with the six countries was held by WHO on 28–30 March 2021. The virtual consultation was attended by national HTM programme managers and staff from the Global Fund, IOM, UNAIDS, WHO Regional Office and WHO country offices. The aim was to discuss and agree on the top priorities to be included in the funding request, including the targets to be achieved and the grant allocation.

The specific objectives of the meeting were to:

- present the first draft of the funding request developed by WHO based on the findings of HTM programme reviews;
- discuss the list of top priorities included in the draft funding request with national programme managers to ensure country needs are met;
- discuss the list of priorities to be included under the Prioritized Above Allocation Request (PAAR); and
- obtain national programme manager endorsement of the final draft proposal for MER3.

## **2. Summary of discussions**

The national programme managers discussed the draft priority activities in working groups using the Zoom breakout room function. Following this, they presented to the plenary their suggested modifications to the priorities identified by the review exercise. Then the whole group discussed the suggested modifications and the final list of priority interventions within the context of each country.

*HIV/AIDS*

The Global Fund modules (broad programme areas), interventions and activities described in the funding request should significantly contribute to decreasing new HIV infections and addressing and reducing HIV-related morbidity and mortality among key and vulnerable populations in Jordan, Lebanon, occupied Palestinian territory, Syrian Arab Republic and Yemen.

The priorities identified were based upon analysis of the main findings of the HIV programme reviews and seek to optimize and scale up the HIV response in the selected countries. They are common priorities that relate to all five countries included in the HIV programme reviews, although to differing degrees. The identified priorities were as follows:

Priority 1: Strengthen the availability, sharing and utilization of information to guide the development and implementation of evidence-based, informed and targeted policies and strategies.

Priority 2: HIV prevention, testing and treatment. Achievement of global and national targets for HIV prevention, testing and treatment requires a robust health system that is able to engage and retain people along the entire continuum of the HIV prevention, testing, treatment and care cascade. This involves several sub-priorities:

- Prevention: reach diverse populations in many different settings; and scale up targeted high-impact prevention interventions for key and vulnerable populations.
- Testing: intensify HIV testing to improve testing coverage and, consequently, treatment coverage.
- HIV treatment.

Priority 3: Capacity-building. This is key to strengthening the technical and institutional capacities of HIV programmes at the national and governorate levels, as well as civil society organizations, to ensure there is adequate capacity to plan, implement and monitor the progress of the national response.

Priority 4: Evaluate and put in place measures to enable service delivery to continue and expand despite COVID-19 restrictions.

### *Tuberculosis*

The prioritization process was based on: the findings of the national TB programme desk reviews carried out in the six countries; the aim of the TB interventions, which will focus on improving TB mortality in the general population of the six countries; and the actions needed to pave the way for TB elimination in Jordan and occupied Palestinian territory, and perhaps Lebanon.

Accordingly, it was agreed that the following key interventions should be considered in the funding request, according to the specified Global Fund modules:

- Module 1: TB care and prevention.
- Module 2: TB/HIV collaborative activities.
- Module 3: Multidrug- and rifampicin-resistant tuberculosis (MDR/RR-TB).
- Module 4: Programme management.

### *Malaria*

The prioritization of malaria interventions for the proposed funding request was based on Yemen's national malaria control strategic plan 2020–2024 and the outcome of the malaria technical review conducted



in January–February 2021 to identify programmatic and funding gaps as a step in the development of a funding request for MER3.

The group agreed that the continuity of malaria life-saving interventions should be the core of the funding request for malaria. The priority interventions developed based on the Global Fund’s Modular Framework Handbook were as follows:

- Module 1: Malaria case management.
- Module 2: Vector control.
- Module 3: Programme management.
- Module 4: Resilient and sustainable systems for health (RSSH): health management information system, monitoring and evaluation.

### **3. Recommendations**

The national programme managers endorsed the first draft of priority interventions for each country and the plenary made the following recommendations to WHO.

1. Follow-up with individual countries through bilateral technical consultations and develop a workplan of activities with the support of IOM and WHO field staff based on the identified priorities.
2. Estimate costs with countries in close collaboration with the assigned team at IOM.
3. Apply final modifications to the list of priorities based on the costing exercise and the ceiling for each funding envelope.
4. Present the final priority modular interventions and country allocations in a separate meeting for Technical Support Group endorsement.



World Health Organization  
Regional Office for the Eastern Mediterranean  
P.O. Box 7608, Nasr City 11371  
Cairo, Egypt  
[www.emro.who.int](http://www.emro.who.int)