Global Health Sector Strategies 2016-2021 for HIV, STIs and Viral Hepatitis
Regional Consultation: Johannesburg, South Africa, 28-30 April, 2015
Meeting Report

Day One: Introduction

Three Global Health Sector Strategies (GHSS) are being developed by the World Health Organization departments of HIV and Reproductive Health and Research and will be finalized for submission to the 69th World Health Assembly in 2016. These proposed strategies will seek to harness opportunities towards addressing the HIV, viral hepatitis (VH) and sexually transmitted infections (STI) epidemics in a post-2015 environment. The 2016-2021 strategies cover a critical phase for all three health areas as they guide actions needed to meet ambitious 2030 targets focused on elimination goals and/or the ending of epidemics. Contribution from all WHO Regions to the development of these GHSS is crucial. This report summarises the key discussion points from the WHO Africa Region Consultation which took place in South Africa from 28-30 April 2015. Meeting participants included senior health officials from 16 Member States, numerous civil society organizations, development partners including the Global Fund, PEPFAR and the African Union and UN partners including UNAIDS, UNFPA, UNDP and UNICEF.

Session 1: Opening Ceremony

- Introductory remarks by Dr Owen Kaluwa RA/HIV WHO/AFRO
- Remarks by Dr Sarah Barber, WHO Representative for South Africa
- Opening speech, Hon Minister of Health, Republic of South Africa, Aaron Motsoaledi

Key highlights from opening speech:

- Recognition of Sub-Saharan Africa as hardest hit region in context of HIV, STIs and viral hepatitis with disproportionate burden of HIV and STIs among women
- Three ways to leap-frog the health system (technology, change business models and behaviour change)
- The health system should be able to deliver: affordable services at speed and at scale to cover as many people as possible
- African Union position - WHO should focus on strengthening health systems of member states -unless systems are strong, strategies will not be delivered
- Stewardship required from leaders - building services which they themselves trust and use
- Link the three strategies with the sustainable development goals (SDGs)
- Implementation should be immediate (analogies of: big fast results, bring policies 3 feet)
• Challenge to WHO to invest in health systems in anticipation of “next challenge” (i) climate change may contribute to new disease patterns and health challenges, (ii) population growth (iii) antimicrobial resistance
• In South Africa there are two health care systems – the private expensive system for the rich elite and the other is public for 80% of the population. The largest system struggles to offer a quality service. The continent is struggling. The GHSS should offer solutions.
• Importance of high level political advocacy so we hit the road running once the GHSSs are adopted

Session 2: Global strategic context

Presentation Highlights

The three strategies are aligned to the Sustainable Development Goals

Key considerations:
• HIV, STI and hepatitis major public health problems
• Progress uneven and inequitable
• Facing new opportunities
• Need to build on success and take opportunities of the commitments

The strategies identify actions for member states and WHO at HQ, regional and country levels.

Key discussion points

• **Integrated approach** required as vertical approaches alone are not efficient. Strategies’ promotion and advocacy should be done in way that does not derail health systems but ensure that HIV, STI and Hepatitis are streamlined into overall health sectors investments
• **Balancing prevention and treatment** is important one focus should not be promoted at the expense as they are interrelated and mutually synergistic. For example treatment is an important intervention for preventing the spread of STIs, HIV and hepatitis B and C
• **Important role of WHO in negotiating better commodity prices** - negotiating TRIPs agreements, intellectual property and patent issues - need for continued technical assistance to countries to facilitate access to affordable medicines and vaccines
• **Global vs Regional and country priorities**: it is difficult for global strategies to speak to all regional and country priorities. The strategies should allow for regional and country specific adaptations.
• **Key populations**: the strategies take a broad definition. Countries should be able to define key populations in their own contexts to ensure that no groups of people are left out
• Need to strengthen **human rights** perspectives in programing
• AIDS is not over - **HIV requires a re-energized approach**
• Role of **private sector** should be more explicit
• **Links to poverty** and climate change should be explicit
• Need for focus on **how strategies will be operationalized**
Session 3: AFRO Regional Context and Burkina Faso country experience

Presentation Highlights

- The region should input into the global strategy as much as possible to ensure efficiencies in regional and country adaptation
- Recognition that HIV and STIs is generally managed as single program in most countries
- WHO Regional Committee for Africa passed two resolutions on hepatitis in the last two years
- Viral hepatitis programming is generally a new initiative in most countries of the region
- Challenges in the region include: weak health systems; key populations not receiving services; innovative service delivery approaches required; delivering services to adolescents is still an issue; STIs often not prioritised; HBV vaccine birth dose not funded by Gavi.

Key discussion points

- Focus on integration and health system strengthening
- The strategies should operationalize Health in all Policies approach - in particular how to work with ministries of education to target young people
- Appreciation for opening WHO meeting to CSOs - WHO engagement with CSOs including providing timely provision of correct information is important
- The strategies need to focus on how to manage success to ensure that once targets are reached there are inbuilt mechanisms for sustainability
- Need for the strategies to expound more on the HOW the strategies will be implemented including financing.
- Need to define a role for community in hepatitis advocacy
- Need to ensure limited disconnect between global and country levels
- Request to not overlook social and behavior change programs and programs targeting gender based violence and promoting human rights
- Important to grow a stronger partnership of users and providers

Session 4: Partner Panel Discussion

UNAIDS, PEPFAR, Global Fund, the African Union and UNFPA made panel presentations and other partners including UNDP made interventions from the floor.

Panel Intervention Highlights

- The GHSSs need to align well with other partners’ strategies
- SDG tighter framing is forcing us to work more closely together
- UNAIDS: developing multisectoral strategy - suggestion that health sector needs to mature further in relation to community - need to appreciate health and community systems strengthening as a single approach
- PEPFAR: alignment most critical point; urgency; use of local information to inform programmes; focus on young women and girls; right things, rights places, right time; Five elements: impact agenda; efficiency agenda; sustainability; partnership and human rights.
• Global Fund: alignment with partners; changing income distribution low income, lower middle and upper middle income countries; locations important, health systems critical; human rights and gender, communities and CSS, graduation/transition; up to countries to make the case to GF for funding co-morbidities.
• AU: working closely with WHO at health policy level; AU role - political efforts around AIDS and heads of state and African common position on post 2015 agenda; roadmap to revise health strategy; costs of medicines – AU role in helping to reduce costs; positioning support for an Africa CDC.
• UNDP: viral hepatitis – how does UNDP approach this? Integration of VH into focus – ideas and links, integration – particularly in relation to key populations.
• UNAIDS: Alignment is clear; community engagement and mobilization – we will succeed or fail based on community engagement.
• UNICEF WCA: Unfinished agenda of children and HIV. If we can achieve with HIV and children can be a pathfinder for other areas including VH and STIs. All in initiative – adolescents –need to reverse the trend for this group.

Discussion Highlights

• Important for WHO to optimize action at regional and subregional levels – align with work of economic communities like SADC
• Strategies under development have to speak to one another; need to better define key populations including adolescents; linking to other social determinants of health and other common themes. Integration of hepatitis and immunization. Focus on what is working well. Not forget to answer the question of how will we do it?
• Clearly identify good and best practices and lessons learned from the implementation of previous strategies.
• Important to move ahead while strengthening health and community systems
• Opportunity to generate political commitment and importance of community voices

Session 5: Introducing the four proposed strategic directions

A presentation highlighted details of the first draft of the GHSSs. Following the presentation the session chair offered summary points from the first day:

• Move beyond business as usual with emphasis on quality and urgency
• Create space for political advocacy
• Ensure strategies appreciate local context, regional specificity
• Ensure clarity around definitions: health, health systems and key populations
• Important opportunity to influence the strategies
• WHO’s role in developing norms and standards and adapting approaches at regional level
• More focus on ‘The How’ and overall operationalization

Day Two: Introduction

The day started with a plenary presentation from South Africa giving an overview of how goals, targets, milestones the overarching strategy supports the country’s response progress to HIV, viral hepatitis and STIs in context of ambitious yet technically feasible goals and targets.
South Africa Presentation Highlights

- Quote from the Minister’s opening statement - ‘it always seems impossible until it is done’
- Strong government leadership in mobilizing funding which enabled the country to realize a seven-fold ART scale up from 400,000 in 2009
- Other critical enablers – develop a clear investment case; strong monitoring systems that included programme reviews and use of electronic systems; that of having a strong civil society engagement; and strong national managerial structure for the programme
- Ongoing challenges include that of multiple tools, poor data capture/use culture, human resource for health (HRH) shortages and integration - country plans to further rationalize data collection tools, build capacity on data capture/use, fully implement the existing HRH strategy and programme integration guidance document. Target setting at facility level – use of trend data to define targets - baseline setting – initial assessment before implementation
- Programme integration with guidance (HIV, TB, STI and MCWH), decentralization process-PHC reengineering and addressing attitudes of HCWs important.

Discussion Highlights

- Recognition of strong national political commitment – question about ensuring same consistently at provincial level especially in NHI piloting districts, addressing HRH shortages, decentralization of TB sites and addressing stock outs
- Importance of interventions targeting key population, monitoring first line ART regimen performance, ensuring access to ART by non-South Africans
- Key populations have higher than average HIV prevalence of about 20% and are being targeted with interventions using ‘high transmission area’ initiative
- Currently 98% of patients are on 1st line ART regimen and that attrition across all cohorts was at around 30% ART is accessible to non-South Africans through public ART service delivery facilities.
- Over 90% of HIV funding comes from the government with PEPFAR and GF funding the rest

Day Two second plenary: WHO Regional and HIV Directors’ Perspectives:

The WHO Regional Director and the WHO HIV Director joined the meeting and addressed the meeting with perspectives on the three strategies under review:

Dr Moeti, WHO AFR Director Intervention Highlights:

- High regional burden across all the three communicable disease areas and particular importance of the HIV strategy in further galvanize ongoing response towards 2030 elimination goals.
- STI strategy will help bring STI control back to center stage and the viral hepatitis strategy will help ensure this “hidden disease” is addressed
- Important to ensure fast track interventions within the context of the SDGs.
• All participants were encouraged to fully contribute and ensure that the three strategies adequately reflect needs of the Region and builds on the Regions experiences.

Dr Hirnschall, HIV Director Intervention Highlights:

• Important for the strategies to reflect regional specificities
• Appreciation of partners including civil society for being present
• Challenge of aligning to different complementary agendas
• Important need to situate the strategies within a multisectoral context and for strengthening partnerships with multiples sectors

Discussion Highlights

• Overarching priority for epidemiological data availability to be central - need that the respective data systems be mutually supportive and linked to overall health management information systems
• Important to link to ongoing initiatives and platforms for partner engagement
• Universal Health Coverage a useful overarching framework for the strategies

Group Work

Participants were divided into five working groups according disease focus and language ability to share ideas on strengthening the draft strategies. The next part of the meeting report includes highlights from the group discussions:

Viral Hepatitis (VH): Discussion Group Feedback

Overarching recommendations

• Emphasize the need for URGENT action on VH
• Emphasize the multi-sectorial nature of the hepatitis response reflecting this in all the SDs with clear priority actions for other agencies and partners, including the civil society
• Emphasize the need for VH strategic information
  o There is much less information on VH particularly in Africa
  o We need this to make the economic case and find funding
  o Need data to countries make decisions about prioritising interventions
  o Need epi data to determine baseline data to measure progress
• Make an economic argument as to why countries and partners should invest in viral hepatitis prevention and control
• Create an SD/strengthen addressing advocacy and awareness
• Make clear references to links among the three strategies
• Create guidance to adapt and implement the global strategy at the national levels
• Countries should take ownership and accountability for VH
• Propose that WHO convene a multi-sectorial group to discuss the evolution and implementation of the VH strategy including UNFPA, UNICEF, UNDP and others.
Specific Suggestions:

- **Add as targets** the existence of a national plan and number of countries introducing the hepatitis B birth dose
- Consider separating prevention and treatment
- Add outbreak preparedness and response to SD1
- Proposed additional priority actions for countries: monitor and evaluate the implementation and expansion of VH services among vulnerable and at-risk populations
- Include a reference to lubricants whenever mentioning condoms
- Include **Primary Health Care re-engineering** as one of the service delivery innovations
- Add appropriate linkages and referral systems under service delivery innovations
- Add collaborative models with the private sector and traditional medicine providers under service delivery
- Optimize strategic information by using new information technologies
- WHO should advocate for innovative funding from regional economic bodies such as SADC, ECOWAS, etc.
- WHO support to countries to develop accountability frameworks to demonstrate impact of interventions and value for money
- Add examples of innovative domestic funding mechanisms such as PPP, taxes and leveraging capital development projects
- Link to the general economic development agenda
- Promote civil society advocacy for VH financing
- Establish social protection schemes (UNICEF lead UN agency in this)
- Make a strong case to embrace health in all policies.
- Reduce prices and costs and remove inefficiencies
- Support local manufacturing of pharmaceuticals
- Provide technical support to build capacity of health managers in countries for efficient use of all resources.
- Promote healthy policies and laws
- Scrutinise all legal frameworks to make health central to development.

**STI: Discussion Group Feedback**

Two STI groups convened to discuss STIs (one in English and one in French) – the following is a consolidated summary of key discussion points and recommendations from both groups:

- Overall strategy is strong although an integrated approach should be more explicit
- Critical that strategy makes a strong case for a refocusing attention on STIs and reinvigorates the response at all levels
- Importance of baselines to help guide country action towards ambitious targets
- Define the STIs that may be vertically transmitted and build in a stronger focus on children, young people

**Discussion on essential quality services and interventions**

- Address– taboo and stigma around sexual practices – ie to detect, prevent and treat anal STIs
• Recognition of good integration of STIs with RMNCH but less in the context of the sexual health needs of people living with HIV
• Need for simpler regimens but also need to strengthen the surveillance of drug resistance
• STIs are poorly funded and often not covered by international financing mechanisms
• Low availability of data on STIs
• Important to address health seeking behaviour, barriers include
  §traditional/cultural/religious norms
• Ensure health promotion and integration at the implementation level
• Establish implementation plans to ensure entry points for STI service provision are covered
• Propose that a “people centred approach” is more explicit in principles and throughout document
• Active drive towards integration (bring info on page 19 more upfront)
• Ensure strategy informs implementation framework – including regional level

**Strengthening suggested actions for countries:**

• Better integrate prevention and control of STIs in the RH program / MNCH and HIV program including for the sexual and reproductive health needs of adolescents
• Strengthen the skills of service providers for the prevention and control of STIs: basic training schools, continuing education, supportive supervision
• Ensure availability of effective drugs and diagnostic tests
• Strengthen lab capacity for diagnosis and surveillance of resistance

**Strengthening suggested actions for WHO:**

• Develop guidelines on integrated service delivery models
• Regularly update STI management guidelines
• Support countries to develop or update integrated training curricula STIs / SRH / HIV
• Strengthen the prequalification of medicines and laboratory tests in the field of STIs
• Strengthen the link PMTCT / HIV / Syphilis / Hepatitis B in the EMTCT section
• Emphasize the importance of reliable and disaggregated data for effective advocacy

**Discussion on achieving impact and equity**

• Ensure language recognises the diversity in descriptions of gender, groups and key populations
• Add lubricants to condoms whenever mentioned
• Highlight adolescents and specific actions needed
• Include addressing people with disabilities – services tailored to needs
• Access, availability and uptake needs to have a stronger focus in the strategy
• Caution in approach to geographic locations and settings due to high mobility in the region: movements between urban-rural, between districts/provinces and countries
• Stigma incl. self-stigma related to STIs needs to be addressed
• Extension of community based system, peer-workers, screening of STIs, strong referral network community health facilities
• Need to operationalise rights based approach to health, esp. in relation to key populations
• While there is mapping of populations at risk for HIV there is no mapping for populations at risk for STIs – lack of data in general
Integrate approach based on Sexual and Reproductive Health and Rights in STI management
Ensure human rights and equity focus in training and management of health personnel
Place particular emphasis on the decentralization of services for prevention and management of STIs

Strengthening suggested actions for countries:

- Ensure flexibility in providing services to key populations; service times, mobile services, workplace programmes, partnerships with private sector
- Training of HCWs, attitudes and competency/skills to provide services to key populations
- Engagement and involvement of other sectors when developing county level strategies to ensure learning and sharing of experiences
- Initiate studies to be familiar with the most at risk and / or vulnerable to STIs for better targeting of interventions
- Work with civil society and community based organizations to strengthen STI advocacy
- Refresh / develop information modules and STI prevention and guidance for the management of STIs
- Ensure a grant / free health care kits for STIs delivery points while accelerating access to rapid tests

Strengthening suggested actions for WHO:

- Ensure data collection, health needs assessment for specific settings/population
- Guidance to also include targeted programmes and messaging for various key populations
- Use the WHO “Health in all Policies Initiative” to address issues of barriers and access, but also take opportunities to work with education sector on health promotion
- Develop standard protocols for research/studies to better understand the most at risk or vulnerable to STIs
- Support countries to develop modules of information and prevention of STIs and guidance for the management of STIs
- Ensure the inclusion of STIs in all documents published by WHO for civil society

Discussion on innovation for acceleration

- Need for political advocacy to support innovation particularly related to vaccines and rapid testing
- Expand public-private partnership strategies for accelerating the development of new technologies (tests, treatments, vaccines and other amenities)
- Develop operational research to support the review and implementation of innovations in prevention and management of STIs
- Include focus on innovation around demand generation
- Incorporate recommendations on technology-based innovations, including mobile platforms e.g. mHealth
- Innovation required around logistical systems to support scale up and delivery
- Explore innovations in awareness and implementation of STI vaccination, such as HPV
- Strengthen male and female condom/lubrication distribution and marketing plans
- Learn from private sector and also from other linked areas, such as HIV
• Engage with RECs to ensure standardised commodities, procurement, distribution, harmonisation of protocols
• Free provision (distributors) condoms in public places including schools / universities
• Develop special messages directed at teenagers and young men
• Establish / strengthen education for family life at home and in schools
• Harmonize and disseminate awareness messages to include other STIs during immunization campaigns against HPV

**Strengthening suggested actions for countries:**

• Innovation to ensure quality/safety around new innovations including self-testing /management of STI and linkages to care
• Need to invest in innovation (R&D budget) – requires deliberate approach/strategy
• Need to refresh established approaches in innovative ways – ie condom rebranding and distribution approaches
• Look to use existing platforms to scale-up STIs (ie antenatal care and syphilis)
• Institutionalize vaccination against HPV (reflected in national immunization programs)
• Assess the impact of current communication strategies and implement new strategies such as the dissemination of awareness messages on STIs in SMS FOR LIFE
• Invest in the development and evaluation of new molecules for the treatment of STIs (medicinal plants)
• Develop operational research on the introduction of rapid tests (HIV, Syphilis, HPV)
• Invest in the screening and management of syphilis and HIV in pregnant women and key and vulnerable populations (double screening approach with focus on communication, providing rapid tests and new simplified molecules)

**Strengthening suggested actions for WHO:**

• Political advocacy needed to beat the drum about the urgency to address STIs
• Facilitate the development of new vaccines against HPV and other STIs
• Support the urgent development of rapid diagnostic tests
• Support the development and validation of new condoms more acceptable (vibrators condoms)
• Document country experiences on new communication strategies on STI / HIV

**Discussion on finance for sustainability**

• Across the three strategies - consider inclusion of a strong common approach to financing with an emphasis on HSS (recognising that programmes move faster than HSS)
• Engagement with RECs for pooled procurement, harmonised protocols/guidance and regulatory frameworks, local manufacturing, inter-border movement
• Emphasize the importance of the stability in the socio-political environment
• Mention the need for good governance in the health sector through proper management of financing (equity, accountability)
• Ensure an accountability mechanism and highlighting the performance / results to ensure the renewal of funding
• Exempt import / manufacture of drugs to reduce the prices of medicines in pharmacies
• Some countries fund commodities and not HSS and others fund HSS and not commodities - need to unblock this trend

**Strengthening suggested actions for countries:**

• Build the evidence base and case for investment to secure increased resources
• Explore innovative financing such as PPP/CSR, health insurance
• Support costing of STIs programme components, out of pockets studies
• Ensure standardized country level treatment protocols for efficient use of diagnostics and medicines
• Contribute to efforts to strengthen health governance incl. efficient resource management
• Recommend approaching STI from a general population perspective as well as through an HIV lens
• Advocacy with governments for subsidizing inputs / free for the prevention and management of STIs
• In committees to develop concept notes to the Global Fund and other financial partners, ensure the presence of at least one effective STI expert to ensure the effective integration of STIs in these concept notes
• Enter a budget line for the treatment of STIs
• Create a technical group "STI" for national advocacy of the management of STIs
• Organize a national day for STIs with innovative techniques for mobilizing funds for STIs (taxes on transport costs, etc ...)

**Strengthening suggested actions for WHO:**

• Advocate for HSS financing and stronger linkages to CSS
• Support evidence on costing of STIs programme components incl. out of pocket expenses
• Ensure TA capacity to support fast track of adoption of new commodities incl. regulatory frameworks
• Continuous advocacy with donors
• Ensure that the technical support received from international agencies for HIV also covers STIs
• Coordinate technical and financial support between key partners (WHO, UNAIDS, UNFPA)

**Discussion on cross-cutting issues**

• Improve the capacity of the health system to produce reliable data
• Better use of data for advocacy and decision making
• Managing the program, including monitoring and evaluation
• Develop operational plans for implementing integrated strategic approaches STI / HIV / RH at the country level
• Further develop accountability mechanisms at all levels of program management (including clear definitions of the responsibilities of the institutional anchoring and communication channels)
HIV: Discussion Group Feedback

Two HIV groups convened to discuss HIV (one in English and one in French) – the following is a consolidated summary of key discussion points and recommendations from both groups:

- The strategy requires a stronger initial section to set the scene and establish the business case for a fast track approach that communicates a sense of urgency and need for accelerated action
- Propose the GHSS refers to the successes and challenges of previous strategies
- Propose stronger linking with other WHO/UN strategies for sustainability and scale up
- Ensure more emphasis on research and data – propose mapping key partners for each strategic direction
- Ensure linkages with multi-sectorial response
- Build in integration opportunities with other strategies like TB, SRH, STI and VH
- Health systems focus should move beyond financing
- The strategy requires greater prevention focus

Discussion on essential quality services and interventions

Strengthening suggested actions for countries:

- Emphasize Primary Health Care approach
- Ensure meaningful engagement of PLHIV and CSOs
- Strategize interventions for drug resistance especially elated to 2nd line treatment failure
- Provide comprehensive care for co morbidities and complications
- Improve access and availability of condoms through non-traditional systems
- Promote vulnerability mapping at each step of the HIV cascade/continuum
- Create an enabling environment – focus on reduction of stigma and discrimination
- Undertake gap analysis of high-impact interventions
- Review barriers to, and laws in relation to, HIV testing in children and adolescents
- Promote the training of clinical psychologists and integrate into care provision
- Support Know Your Population as well as Know Your Epidemic approaches to strategic information
- Strengthen provider-initiated testing
- Identify different models and opportunities of integration and linkages
- Deliberately focus on driving health system quality improvements

Strengthening suggested actions for WHO:

- Support countries on pooled procurement of on third line drugs
- Engage CSOs in the development of policies, norms and standards,
- Provide technical support on monitoring the progress at different stages of the HIV cascade
- Promote innovation to reduce the social determinants of risk and vulnerability
- Propose guidelines integrating young girls, young boys and men
- Advocacy for the production of male and female condoms and lubricants in Africa
- Integrate prevention-focused indicators at all levels of the cascade
- Encourage countries to make joint national strategic plans for all programs (high prevalence, low prevalence)
- Conceptualise models of integration in health services and programs
- Promote the development and implementation of standards and accreditation of care services for PLHIV

**Discussion on achieving impact and equity**

**Strengthening suggested actions for countries:**

- Know your epidemic (KYE/KYR) approach should inform prioritization based on populations and locations
- Tailor characterized interventions/packages of services based on evidence
- Design minimum packages for all (involve affected communities) to ensure equity
- Increase access to medicines through utilization of generics and applying TRIPS flexibilities
- Regular collection and rapid analysis of data - involve community in research
- Implement and integrate the package of HIV and co-infections in M&E systems
- Ensure consultation mechanisms in place with CBOs to ensure optimal services for key populations
- Implement user-friendly and appropriate services for adolescents
- Develop/review laws and policies for children and adolescents
  - Ensure strategic planning in place for emergencies and disasters
- Ensure services reach prisoners, refugees, migrants and other vulnerable groups

**Strengthening suggested actions for WHO:**

- Establish clear criteria to identify groups (Key populations/MARPs)
- Provide /Design framework on how to tailor characterized intervention based on evidence
- Develop protocols and interventions for populations in humanitarian settings or emergencies
- Provide technical support to establish linkages between innovation and impact (modelling?)
- Ensure TA is available to improve subnational surveillance

**Discussion on innovation for acceleration**

**Strengthening suggested actions for countries:**

- Demonstrate boldness in implementing new technologies
- Support innovate practice to improve the enabling environment
- Countries should be ready to rapidly implement, monitor and evaluate technologies
- Be bold in embracing opportunities through new technology – including new technologies for prevention
- Continue research on microbicides (ARVs and STI meds as well)
- Continue to explore regimens with fewer side effects/toxicity
- Build in opportunities for best practice sharing
Strengthening suggested actions for WHO:

- Advocacy to manufacturers to expedite technologies in the pipeline and to develop new technologies
- Support countries to quickly adopt new technologies
- Simplification and harmonization of therapeutic protocols
- Disaggregation of data collection tools to accommodate children and adolescents
- Implement tools for research and non-compliant patients lost sight
- Establish integrated coordination bodies at all levels of the health system for the planning and implementation of integrated interventions
- Implement performance indicators integrating the different programs (HIV / STI / HV / TB)

**Discussion on finance for sustainability**

Strengthening suggested actions for countries:

- Establish pool procurement arrangements and pool funding from different sources
- Initiate new ways to increase domestic contribution (the private sector, local philanthropists, through national insurance, fiscal and tax policy and through increasing the coverage for health insurance)
- Advocate for the local manufacturing of HIV related commodities
- Engage sub-national levels to ensure resource allocation
- Innovate ways to ensure sustainable CSOs financing
- Encourages countries to increase the health budget to at least 15% of the national budget by 2020

**Strengthening suggested actions for countries:**

- Facilitate regional manufacturing and procurement
- Provide TA for countries in transition from donor funding to domestic funding
- TA for health systems financing
- Documentation and dissemination of good practices
- Engaging of regional organization like the AU in high level Advocacy
- Advocate for CSOs funding
- Advocate for combination prevention
- Implement health insurance mechanisms to reduce financial barriers
- Encourage countries to develop strategies to reduce/exempt the customs taxes for the import of ARVs and other commodities
- Support local production of HIV commodities

**Discussion on cross-cutting and other issues**

- Improve strategic information sections to ensure direct links to impact
- Governance: include specific references to commitment, leadership, ownership and accountability at global, regional and national levels
- Ensure focus on both civil society involvement and the involvement of all sectors and stakeholders
- Ensure further focus on the strengthening of the health systems
• Make specific references to the Paris Declaration
• Monitoring and evaluation and data strengthening required at all levels of the strategies
• Consider more robust midterm goals
• Support pooled procurement and bulk purchase mechanisms
• Ensure leadership from the African Union

Closing Plenary Key Points:

• The documents should give more emphasis to ‘urgency”
• There is a greater need to demonstrate that we are building on previous experiences
• Highlight the linkages between the three strategies and the other health sector strategies
• The document has to strengthen SD3-Innovation based on the health systems building blocks
• There is a need to create a balance between health systemic approach and disease programme approach
• Involvement of CSOs at all levels
• Ensure the transition from donor to domestic funding
• Take into account the ‘leapfrogging approach’
• Next step to the finalization includes:
• Compilation of feedback from this consultations
• Publications from WHO website
• Continue consultation with other regions and CSO Reference groups
• Online consultation closing on 8th May, 2015

Disclaimer: This is an informal report reflecting the views of consultation participants, it is not an official WHO document. A formal report of the full consultation process will be made available at a later date.
# Annex: Meeting Agenda

**Global Health Sector Strategies 2016-2021 for HIV, STI and Viral Hepatitis**  
Regional Consultation: Johannesburg, South Africa, 28-30 April, 2015  
Southern Sun Hotel, OR Tambo International Airport

## Day 1: Tuesday 28 April 2015

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<td>08.00 – 08.30</td>
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| 08.30 - 9:30  | **Chair: WHO/AFRO**  
**Rapporteurs : Dr Bisoborwa G.-Dr Busiswe Msimanga**  
**Session 1: Welcome & Opening Remarks** |
| 9:30 – 10:30  | **Session 2: Global Strategic Context**  
- Global highlights and challenges (in relation to HIV, hepatitis and STIs)  
- The Post MDG environment & Sustainable Development Goals  
- Global Health Sector Strategies: goals and targets, rationale, structure, linkages and process  
- Introducing the strategies: their importance, structure, how they will be used and by who, strategy development timelines  
Discussion  
**Group photo** |
| 10:30 - 11:00 | Break  
**Session 1: (continued)**  
- Security Briefing  
- Administrative Announcement  
- Review of meeting objectives and agenda |
| 11:00 - 11:30 | **Session 3: Regional Strategic Context**  
- Regional highlights and challenges (in relation to HIV, hepatitis and STIs)  
- The regional strategic framework and opportunities: overview of regional specific strategies, targets and initiatives  
- Country perspectives: health and disease sector strategic frameworks and opportunities |
| 11:30 – 13:00 | WHO/AFRO Presentation (15 mins)  
Discussion 15 mins  
Country Presentation(s) (30 mins): Burkina Faso and Uganda |
**Discussion**

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<td>13:00 – 14:00</td>
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| 14:00 – 15:00 | **Chair:** AU  
**Rapporteurs:** Dr Tall Fatim- Dr Buhle Ncube.  
**Session 4: The Strategic Horizon: Key Partner Perspectives**  
Updates on future-looking strategic frameworks from Global Fund, UNAIDS, UNFPA and PEPFAR |
| 15:00 – 15:30 | Break |
| 15:30 – 16:45 | **Session 5: Four Strategic Directions for the 2016-2021 global health sector strategies**  
SD Two: Achieving Equity and Impact: Populations and Locations. The “Who” and the “Where”: Focusing on key populations and key settings (vulnerability; risk; access; exclusion).  
SD Three: Innovation for Acceleration “Changing the trajectory”: Moving beyond existing technologies and approaches to accelerate progress.  
SD Four: Finance for Sustainability “Covering the costs”: Securing the ability to access needed health services without financial hardship. |
| **Discussion (30mn)**  
Discussion following of day 1 sessions (30mn) |  
**WHO/HQ**  
Presentation (15 mins) |
<p>| 16:45 – 17:00 | <strong>Overview of Arrangements for Day Two</strong> |
| 17:00- 17:30 | Facilitators meeting |
| 18:00 – 19:30 | <strong>Cocktail reception offered by WHO</strong> |</p>
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| 09:00 - 09:15 | Chair: ITPC  
**Rapporteurs:** Dr Yeboue Kouadio-Dr Mpanzaje Rex  
Review of Day One |
| 09:15 – 10:00 | **Session 6:** Strategy Implementation: Working towards ambitious yet technically feasible goals and targets  
- Overview of how goals, targets and milestones and an overarching strategy or strategic framework supports progress in response(s) to HIV, viral hepatitis and/or STIs in the host country  
Discussion | South Africa presentation (20 mins)  
Q&A and discussion: (25 mins) |
| 10:00 – 10:30 | **Session 7:** Essential Quality Services and Interventions. The “What” and the “How”. Defining an essential package for maximum impact across full continuum and leveraging combination interventions.  
A 10 minute country presentation will be given to illustrate how a country has prioritized its set of interventions. This will aim to stimulate discussion in the group to identify priority health sector actions for countries and for WHO to ensure essential services are made available for HIV/HEP/STIs in their countries. Each group asked to identify three priority strategic actions for countries and three priority strategic actions for WHO to ensure essential services are made available for HIV/HEP/STIs in their countries.  
Recommendations | Country brief presentation (10mn):  
HIV: Kenya and Cameroon  
STIs: Ethiopia* and Cameroon  
Hepatitis: Nigeria  
Facilitated Working Groups 60 minutes |
| 10:30 – 10:45 | Break |
| 10:45 – 11:30 | **Session 7 (continued)** |
| 11:30 – 12:30 | Chair: WHO/AFRO  
**Session 8:** Ensuring a Robust African response for HIV, Viral Hepatitis and STIs  
Perspectives from the WHO Regional Director and WHO HIV Director (Plenary Room) | RD WHO /AFRO  
HIV Director HQ |
| 12:30 – 13:30 | Lunch |
| 13:30 - 15:00 | **Session 9:** Achieving Equity and Impact: Populations and Locations. The “Who” and the “Where”. Focusing on key populations, locations and settings (vulnerability; risk; access; exclusion).  
A 10 minute country presentation will be given to illustrate how a country has focused its efforts on specific populations and/or locations to achieve greatest impact. This will aim to stimulate discussion in the group to identify priority actions for countries and for WHO to ensure optimal equitable | Country brief presentation (10mn):  
HIV: DRC and Tanzania  
STIs: DRC and Tanzania  
Hepatitis: Zimbabwe |
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<td>15:00 – 15:30</td>
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| 15:30 - 17:00| **Session 10: Innovation for Acceleration: “Changing the trajectory”. Moving beyond existing technologies and approaches to accelerate progress.**

A 10 minute country presentation will be given to illustrate how a country has adopted innovative approaches and invested in operational research to improve its response. This will aim to stimulate discussion in the group to identify priority actions for countries and for WHO to support the development and rapid implementation of innovations.

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<td>Facilitated Working Groups</td>
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<td>17:00 - 17:30</td>
<td>Facilitators meeting</td>
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## Day 3: Thursday 30 April 2015

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| 08:45 - 09:00 | **Chair:** UNAIDS/ESA  
**Rapporteur:** Dr Ouedraogo Leopold  
**Review of Day Two**                                   |                       |                                   | Country brief presentation (10mn):             |
| 09:00 - 10:30 | **Session 11:** Finance for Sustainability: “Covering the costs”  
Securing the ability to access needed health services without financial hardship.  
A 10 minute country presentation will be given to illustrate how a country has financed its response and reduced costs. This will aim to stimulate discussion in the group to identify priority actions for countries and for WHO to secure the financing and efficiencies required for a sustainable response.  
Recommendations |                       |                                   | HIV: Angola and Nigeria  
STIs: Madagascar and Mozambique  
Hepatitis: Uganda | Facilitated Working Groups                                             |
| 10:30 – 11:00 | Break                                                                   |                       |                                   |                                             |
| 11:00 – 12:00 | **Session 12:** Consolidate feedback on GHSS core concepts and strategic directions, missing elements and cross cutting issues  
Discussion Group to consider cross cutting issues, linkages and strategy implementation and monitoring and formulate recommendations for strengthening the draft strategies. Session to be used to finalize plenary feedback from the groups and key notes to be fed into the meeting report and consultation process.  
Recommendations |                       |                                   | Facilitated Working Groups                  |                                             |
| 12:00 - 13:00 | Lunch                                                                   |                       |                                   |                                             |
| 13:00 – 14:40 | **Chair:** WHO/HQ  
**Rapporteurs:** Dr Sanni Babatunde- Dr Conombo Kafando G.  
**Session 13:** Plenary Reports from the five working groups 2 x HIV; 2 x STIs; 1x hepatitis - summarizing key workshop recommendations |                       |                                   | Plenary  
(Five groups: 10 mins per groups)  
30 mins Discussion|
| 14:40 - 15:00 | **Session 14:** Next steps and closing remarks                           |                       |                                   | WHO                                        |
| 15:00         | Meeting close                                                            |                       |                                   |                                             |