Global Health Sector Strategies on HIV, Viral Hepatitis and STIs
European Regional Consultation Meeting Report

23-26 June 2015, Copenhagen

Background

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 strategies was facilitated as a crucial phase of the strategies’ development process.

The consultation organized for the WHO European Region aimed to focus primarily on the strategies on HIV and viral hepatitis although sessions were also designed to solicit inputs into the STI strategy. In addition to ensuring regional contributions to the development of the Global Health Sector Strategies the meeting also provided a forum for the development of regional action plans to implement the global strategies in Europe. The WHO Regional Office for Europe organized this technical consultation for the national counterparts who are involved in organization and provision on HIV and viral hepatitis treatment and care in European Member States, with a particular focus on eastern European and central Asian countries and representation from countries in western and central Europe.

The overall objective of the meeting was to ensure timely stakeholder/regional perspectives inform the development of 2016-2021 Global Health Sector Strategies and regional action plans on HIV and viral hepatitis leading to a robust, ambitious and achievable framework for action.

The following results were anticipated:

- A review of progress in the European response to HIV and viral hepatitis.
- Identification of key themes, priorities and strategic approaches that should be reflected in the three GHSSs for 2016-2021.
- Systematic feedback from stakeholders collated to inform the further development of the draft Global Health Sector Strategies and regional actions plans to implement those strategies in Europe.

This report summarises the key discussion points from the WHO Europe Region Consultation. More than 120 meeting participants included senior health officials from 32 Member States, numerous civil society organizations, development partners including the Global Fund, ECDC and UN partners including UNAIDS, UNFPA and UNICEF.
Session 1: Introduction

The European Regional Consultation on proposed Global Health Sector Strategies for HIV, Viral Hepatitis and STIs took place in Copenhagen from 23-26 June 2015. Imre Hollow from the WHO Regional Office for Europe welcomed participants on behalf of Regional Director Zsuzsanna Jakab (WHO Regional Office for Europe). He stressed the importance of the meeting to the region and encouraged participants to consider a particular focus on: key populations; testing and counselling; mother to child transmission; and treatment scale-up.

Gottfried Hirnschall, WHO Headquarters: Opening Remarks

Dr Hirnschall highlighted the fact that for HIV and STIs the current strategies are ending and require new versions, and WHO is looking to develop the first global strategy for viral hepatitis – all three look towards what changes are required from 2016-2021 in order to meet goals and a vision aligned to a 2030 horizon. The three strategies will reference the emerging Sustainable Development Goals (SDG) framework, which while less health centric than the setting Millennium Development Goals (MDGs), provides critical opportunities for strategic planning. The SDGs will offer a platform for accelerated action and scale-up for all three areas.

Martin Donoghoe, WHO Regional Office for Europe: Review of Meeting Objectives and Agenda

Mr Donoghoe introduced the objectives for the meeting which included on: a review of progress in the three health areas; an exploration of the key themes from the draft strategies; ensuring plenty of opportunity for feedback from stakeholders to inform the development of the global health strategy and complementary European action plan(s).

Photo: Organizing a panel discussion at the Copenhagen Regional Consultation
Session 2: Global Strategic Context: WHO Global Highlights and Challenges - Gottfried Hirnschall

The global environment for the three disease areas offers a number of important opportunities for action and areas for strategic focus both globally and at regional and country levels. The goals and targets proposed in the draft HIV strategy are closely aligned to those of UNAIDS. The 90-90-90 approach seeks to ensure impact from acceleration in access to treatment. It also requires a renewed focus on key populations – MSM, sex workers, injection drug users.

While there is a global reduction in HIV incidence there is an increase in some areas including parts of sub-Saharan Africa, Indonesia and the Russian Federation. In many areas HIV remains concentrated in key populations – for example MSM, people who inject drugs (PWID) and sex workers. Indeed 40% of new infections in Eastern Europe are among PWID and the price of treatment is a major barrier. Access to HBV vaccination is increasing however birth dose coverage is still low in some countries; there is an urgent need for impact and coverage targets for HBV and HCV.

Viral hepatitis has not yet received sufficient global political focus however this is changing: the burden of disease for HBV and HCV is similar to that of HIV but, as yet, has not attracted the same attention. While the tools to combat hepatitis exist there is currently no agreed global strategic framework to provide direction. The GHSS for viral hepatitis will be the first global strategy and the first time Member States agree on targets for viral hepatitis with the aim of exploring the possibility of eliminating HBV and HCV as a public health threat by 2030.

Universally treatment for HCV is very low – 34 million people are at the stage where they need access treatment. The price of treatment is a major barrier. Access to HBV vaccination is increasing however birth dose coverage is still low in some countries; there is an urgent need for impact and coverage targets for HBV and HCV.

STIs present a major disease burden that has also failed to attract sufficient attention. Globally there are high STI morbidity rates, especially for women of reproductive age, combined with some mortality associated with fetal and neonatal deaths. 1 million new STI cases are acquired daily creating a significant impact on the quality of life and sexual life of millions.

The draft strategy proposes: a vision for universal access to STI treatment; synergies with other health areas; better more targeted programming; targets for reduction for gonorrhoea and syphilis and increased coverage for HPV vaccine; and proposes ending STIs as public health issue by 2030.

These three strategies are all designed under the organizing framework of Universal Health Coverage (UHC) – a concept embedded in the emerging Sustainable Development Goals (SDGs). UHC aspires to ensure that: all people access and use the full range of health services they need; that services are well targeted and of sufficient quality to be effective; and that through accessing services no-one suffers financial hardship. UHC embodies three dimensions:

- Extending full spectrum of good quality health services to those in need;
- Providing financial-risk protection to ensure that the cost of accessing care does not put people at risk of financial hardship;
- Ensuring equity of access to health services to cover the entire population.
In the European Region an estimated 15 million people are infected with hepatitis C, 13 million with hepatitis, 57 million with a sexually transmitted infection and 2.2 million people living with HIV. 

- Progress in HIV scale up but still major inequalities and gaps;
- Viral hepatitis is a silent epidemic and requires support to build a movement towards action and impact;
- STIs are flagging behind and require urgent attention.

Figure 1: ART access rates for people who inject drugs in Eastern Europe remain unacceptably low

Discussion

Following the key note presentation from WHO headquarters participants were invited to make comments or ask questions. Key discussion points emerging included:

- It is critical that the strategies more clearly link to TB. Recognition that TB has a separate global health strategy and all will seek to link to each other.
- In this region it is important to ensure harm reduction for key populations. There is poor data for PWID and MSM in Eastern Europe and need to also recognise that there are significant heterosexual epidemics in the region.
- Why is there such a large inequality to access to Hep C treatment compared to HIV given the burden of disease? High prices a major barrier to equitable access. In some countries there have been interventions to reduce the price but the momentum is lacking in many countries. Need a stronger push on price reduction. There is some generic productions starting, some countries have negotiated price reductions – for example Egypt.
- Key populations including PWID, migrants, sex workers, MSM and transgender people should maintain a discrete and explicit focus. Need more focus on addressing stigma and discrimination and decriminalisation. Reminder that WHO has key populations guidelines which also references other groups including prisoners and migrants.
- Some concern about scale and scope of the 2030 global targets given that Global Fund is reducing funding in some countries, and some countries are reducing national funding. There needs to be a scale up rather than a reduction. Some countries will need more support for funding but will need to contribute more. Countries have individual
responsibilities regarding funding to help achieve the targets. Some countries need to focus resources on treatment regimens as they are expensive; there is sometimes an overreliance on specialists and on expensive and unnecessary testing. There are efficiencies that can be made in the European system to make better use of available resources.

- Concern about market failures in pursuing a vaccine for HIV. While there have been some investments in vaccine and cure more investment is needed – important to highlight in global strategy.
- There can be discrimination for doctors working on HIV and Hepatitis. Decentralising the care system needs a global focus. Decentralisation of care and a greater public health approach needs to be reflected in the strategy but requires an approach that is sensitive to local context and country/population size. Very different opinions of the value of task shifting and decentralisation within the region.
- Collective actions are required to make use of legal tools and patents so that people have access to treatment at a reasonable price. There is a need for countries to use TRIPS flexibilities.
- Need to balance treatment investments with prevention and ensuring comprehensive strategies that include a focus on stigma and discrimination and harm reduction.
- Ambitious targets are required to drive action.
- Suggestion that people with hepatitis C acquired from medical practice should also be recognised as a key population – they are often at greatest risk of liver fibrosis especially as they grow older. And to also include migrants.
- Need for a strong focus on epidemiology. Only 8% of HCV infected people need treatment as there is a 30 year lag between infection and fibrosis. Controlling the epidemic among key populations is important. Major source of hepatitis infection is TB hospitals so need to improve infection control and injection safety. We may see changes in eligibility for HCV treatment in the future ie earlier treatment, but we do need to focus on those who need treatment at the present. Also specific attention for those co-infected with HIV due to disease progression.
Session 3: Regional and Country Strategic Context: WHO Regional Highlights and Challenges - Martin Donoghoe

HIV is still a major concern in Europe and there is a need to continue a clear key population focus. There is a need to address new challenges; increase of 80% in HIV infection in east; in the west it has decreased by 20%; so overall a significant increase in the region. Treatment is increasing across Europe – there is a constant but gradual increase - especially in Western Europe. But they are still far from achieving the 90-90-90 targets even in Western Europe. In Eastern Europe there is still a significant treatment gap; European efforts are falling behind global efforts regarding ARV coverage. Many people in the European Region are unaware of their HIV status, and many are diagnosed late (see Figure 2). 49% present at a late stage and 27% at an advanced stage. This is particularly an issue for PWID; overall infection among PWID is decreasing relative to other groups but this is due to an increase in other groups.

Figure 2: Late HIV diagnosis in Europe

While there is an increasing focus on viral hepatitis by WHO Europe, due to the region’s disease burden which disproportionately affects key populations (see Figure 3) – PWID (44%), sex workers (11% HCV), MSM (9% HBV), most people are unaware they are infected and effective treatments are not accessible to the majority in need. Many countries still lack national strategies and plans and there is a lack of reliable data on disease burden in many countries. Unequal access to harm reduction has resulted in growing epidemics among some communities of people who inject drugs. Increasing numbers of Member States are developing national plans on viral hepatitis: Turkey, Albania, Spain, Georgia (Hepatitis C Elimination Plan). The ECDC has coordinated enhanced viral hepatitis surveillance in the EU/EEA countries since 2011. There have also been some successes in the prevention of health-care associated transmission (injection safety, blood safety) in most European Region countries. Treatment access is improving in some countries yet the prohibitive costs of the treatments means that they are still broadly inaccessible across the region.
The current STI strategy is coming to an end. A progress report was presented to WHA in May 2015. STI is a neglected area with poor surveillance, weak and scare data. In the region there is a verticalisation of STI control and prevention and limited availability and access to services. In addition there are significant outbreaks in MSM; highlights in the region – lowest number of congenital syphilis globally, updating of guidelines, expansion of antimicrobial surveillance.

Figure 4: HIV, viral hepatitis and STIs – comparing regional estimates (not to scale)
Discussion

- Request that the WHO Europe hepatitis immunization programmes prioritizes the simple and effective prevention of vaccination of Hep B in infants. Six European countries do not have a national vaccination regime for Hep B, many rely on the 3 dose vaccine rather than also including birth dose.

- There is progress in HIV, however not all people on ART achieve undetectable viral load - in Eastern Europe some on treatment and have low viral loads (25%), so the issue of efficacy of treatment needs to be addressed. Gaps in the treatment cascade – and the importance of linking with TB demonstrate the critical need to ensure people are initiated, adherent and sustained on treatment.

- Need a stronger focus on efficacious treatment as this also means prevention. Need a balanced approach between treatment and prevention. In fact we need to move dichotomy of treatment v prevention and bring both together.

- How many countries have adopted WHO protocols for ARV treatment which moves eligibility to CD4 500? Uzbekistan is doing this. Trends are moving for all positive people as eligible for ARV. Six Eastern European countries (50%) agreed to start ARV for CD4 less than 500. No data for western European countries – yet clearly there are some ‘champion countries’ in Europe which need to be highlighted globally.

- Need greater efforts for the inclusion of transgender people.
Session 3 Continued: Country Highlights and Challenges – Panel Session

A panel discussion was convened to highlight best practices and challenges from a country perspective. Countries represented on the panel included: Georgia, Republic of Moldova, Scotland, Switzerland and Ukraine. Key highlights from the panel discussion included:

- Challenges in late detection of HIV; low coverage for key populations with lack of harm reduction in Moldova; ART is increasingly government funded but not yet provided universally; treatment is starting for some with CD4 less than 500. STIs are increasing (ie chlamydia) with low levels of STI testing and treatment. Syphilis screening and treatment is available. Only 300 patients on HCV treatment due to price/funding. More input and resources are needed. Need to focus on prevention. There are cases of drug resistance emerging.

- In Ukraine HIV treatment rates have doubled over the past two years despite a difficult economic and security situation. Some people forced to move to other regions where they do not have treatment. Challenge of sustaining funding after Global Fund withdraws – prevention programmes appear particularly vulnerable. MTCT – reduced rates more than six fold in last decade. Now 4% (2012) - reduction in new HIV cases in pregnant women so preventive strategies working. Hep B has been in the national immunisation schedule since 2002. HBV reduced by 10 fold in children – so a clear trend due to vaccination. HCV – two year program and national budget to provide medications. Ukraine is pursuing access to treatment for HCV, especially for those with HIV co-infection.

- In Georgia there is a high general population HCV prevalence of around 6.7%. The main risk group is PWID with an estimated 70% of PWID infected. It is also estimated that MSM and sex workers have prevalence rates above 10%. Hepatitis C is the second leading cause of death of people with HIV. There is public demand for greater access to treatment and national support for HCV treatment - more than 5,000 have already started HCV treatment. Georgia is ambitious and describes an HCV elimination program – for treatment and prevention with an emphasis on a "seek, test and treat approach”. The goal is to be the first country to be free of hepatitis C.

- HCC due to Hep C increased 4 fold over 10 years in Scotland indicating a severe emerging disease. Understanding/measuring the extent of the epidemic gave meaning to the burden of disease for HCV and helped make the case for hepatitis action and secured an investment of 60 million euros. Liver failure rates continue to rise, this has doubled to about 200 cases year, and treatment has had little impact on severe disease. Scotland’s challenge is to reduce these rates and take advantage of new therapies and has well-resourced health system, so the infrastructure needs to be there. In terms of challenges therapy did not initially reach people who needed it first, many people just had mild infection. Scotland is now prioritising the timing of treatment as it recognises it cannot treat everyone. Scotland’s experience cannot help throw light onto the impact of treatment on prevention - Eastern and central Europe is a good place to understand this as the cheaper costs makes it more accessible. The problem is that reinfection rates can be high. More evidence is needed. In order to measure a decline in nosocomial infection the monitoring of blood donations would be helpful. WHO urged Scotland to be more ambitious and shift the narrative to consider HCV elimination in Scotland; in the short term Scotland want to see shifts in mortality from HCC and liver failure and so will continue to prioritise rather than treat everyone while the costs are still high.
– Switzerland recorded 500 new HIV infections last year with an increasing trend in MSM, other groups have decreasing trend including those people from Sub-Saharan Africa. There is a need for greater campaigning for MSM – primary (or recent) infection presents the greatest transmission risk between MSM so there is an emphasis on early detection and recognising symptoms of primary infection – for example by asking MSM to question whether they have a flu or HIV. Greatest success is with PWID with new infections of HIV – which was only 2% last year. Due to successful harm reduction which became a political priority early on in the epidemic. There are good harm reduction measures in place. Switzerland is not considering PreP as it is expensive and not covered by the national insurance programme.
A partners’ panel was convened which included representatives from ECDC, the Global Fund, a representative for the UN Special Envoy for HIV/AIDS, UNAIDS, UNFPA and the World Bank.

Key comments from the panellists and discussion are organized thematically as follows:

### Viral hepatitis (VH)

VH is perhaps a bigger challenge than HIV. Need to distinguish between high income countries and other countries. Hepatitis is a silent epidemic. Need better tools for surveillance to separate acute from chronic infection. Need to look at cost-effectiveness of treatment to treat needs to be most effective than not to treat. Health economic modelling and the benefits of intervention.

### HIV

High income countries manage HIV well yet there is less importance assigned to HIV now and the main challenge will be how to maintain services at the current level. The next five years are critical for. HIV needs to be fast-tracked in order to reach 90-90-90 by 2020 and UN can provide guidance on high income interventions for specific populations. The Global Fund strategy is based on national strategic plans with clear guidelines on counterpart financing. Investment guidance needed for central Europe and East Asia – PWID still drive the epidemic and there is poor treatment coverage. Eastern Europe is only 2-3% of global burden but receives 8% of Global Fund financing - countries should be ready to fund their own responses and they need to invest in key populations.

### STIs

In the region there is an increasing trend ie gonorrhoea in MSM. Need to think of these in the same way as when looking at HIV. Need to prioritise without stigmatising. Need to choose the right advocates to get the messages across – professional, political or media. Countries need to accept ownership of the strategy. Inequality is a major factor. Need to address key populations. Sex workers need to know and recognise STIs and understand treatment. Local level response is important rather than always being in the national stratosphere. More work is needed to promote condom use, especially in key populations. Need to revitalised programs on condom use.

### HIV-HCV and other co-infections –

- **Political Barriers/Facilitators**
  - There is an urgent need to overcome ongoing political barriers. Not all governments in the region will implement strategies in the same way; the same model will not work for all. Eastern Europe does not allocate health funding well. They are misallocating their own resources. Need for political and scientific leadership and leadership from the UN and there is a role for the European Union in European solidarity and for help in reducing prices through procurement, TRIPS, patents approaches. Need to address social determinants of health - requires responses that go beyond the health sector ie drug policy, criminalization, law enforcement practices, prison health, collaboration between justice system, migration and access to health Public health advocacy is important. Need for better data and surveillance to inform political decision making.

- **Funding and Structural Barriers/Facilitators**
  - New Global Fund funding models are based on economic models rather than rates of infections. The Global Fund is reducing funding and may eventually leave the region all together. We would like countries to play bigger role in funding but countries are currently not capable of this. Disconnect between vision of UNAIDS and the funding/political situation. It is important to engage civil society outside of the health system and to find optimal ways of communicating advocacy messages in each country. Should ensure the GHSSs are not just focused on clinical or health interventions but also focus on structural barriers. Programmatic linkages need to be well articulated. Some countries are resisting funding for key populations so when the Global Fund withdraws how will they be encouraged to allocate funding for key populations? More domestic investment on the most impactful interventions is required as well as a commitment to engaging civil society – community based systems.
Session 5: Global Health Sector Strategies: goals, targets and milestones: key themes, linkages and consultation process

Presentation overview: The three strategies are aligned to the Sustainable Development Goals and a Universal Health Coverage (UHC) Framework. Key presentation points included:

- HIV, STI and hepatitis major public health problems;
- Progress uneven and inequitable – yet we face new opportunities;
- Need to build on success and take opportunities of global commitments;
- Ambitious targets will guide the strategies;
- SDGs propose sub-goals indicating there is a need to address HIV, hepatitis and STIs;
- UHC seeks to ensure that all people receive the health services they need, coverage for all populations, and the costs of the services are met without sustaining significant hardship;
- The strategies identify actions for member states and WHO at HQ, regional and country levels.

Online and regional consultations to date have fed back the importance of:
- Balance between ambition and feasibility;
- Importance of surveillance and strategic information;
- Human rights focus;
- Community involvement.

Figure 5 illustrates how the proposed GHSS framework has evolved since the start of the year as a result of input from the earlier stages of consultation.

Figure 5: Evolving the GHSS Framework through the Consultation Process

An Evolving Framework

- Essential Quality Services and Interventions
- Achieving Equity and Impact: Populations and Locations
- Finance for Sustainability: “Covering the costs”
- Innovation for Acceleration: “Changing the trajectory”

- Information for Focus and Accountability
- Interventions for Impact
- Delivering for Quality and Equity
- Finance for Sustainability
- Innovation for Acceleration
Discussion

During discussion there was appreciation and support expressed for the effort to involve civil society and affected communities in the consultation process. There was also interest expressed in ensuring a focus on action at the primary health care level – which promoted considerable discussion about how best the GHSSs can reflect the different trends towards decentralization experiences in the region:

Decentralization needs to take into account factors such as – size of country, financing, community resources - there are consequences and the risk of destroying the health system if these are not considered. It is critical to consider the impact in small communities where stigma and discrimination plays a role. There is a need to focus on treating chronic infection through outpatient clinics; this approach is how best to decentralize however we do not need to invent something completely new. In some contexts centralization works better, each country needs to decide which options works better. Important to ask patients and key populations what they would prefer. If countries decentralize there is a need for institutions that are friendly to patient needs. Family doctors will not be able to provide the same services as centralized institutions as they just provide treatment and not preventative advice. Some countries have partial decentralization – family doctors can prescribe HIV treatment but epidemiology is provided at a higher level. In some areas it is successful in others it is not – it can depend on the level of training and knowledge of the family doctor. People are afraid of stigma and do not want to go to an AIDS centre and prefer to go to regional doctors. Need to frame the global strategy so that it can accommodate the different perspectives on centralization/decentralization.

Discussion on civil society engagement so far - WHO has held civil society meetings in Geneva and feedback on how to improve the continuum of care. The online consultations also supported community involvement.
Session 6: Global Health Sector Strategy Key Themes

A WHO presentation introduced the five key strategic themes (Figure 6) of the emerging strategies:

Theme A: Strategic Information
- Systems in place and surveillance, what new evidence exists, health and economic analysis
- Accountable and measurable programs
- Essential for advocacy and resource mobilising, monitoring and improving programs
- Level of coverage. What are the gaps?

Theme B: Services and Interventions
- What interventions are required ie prevention, vulnerability and risk, treatment and care?
- Also think about the enabling environment and social determinants

Theme C: Quality and Equity
- Who are the populations of interest?
- How can we deliver to the populations in need?
- What are the locations and setting?
- What is the role of community – community responses and systems?
- Consider different settings
- What are the barriers for particular groups?

Theme D: Finance for Sustainability
- Challenges in this region regarding finance
- How to encourage more domestic financing?
- What can we do in terms of efficiency in terms of procurement, pooling efforts to access commodities?
- Patent laws, TRIPS flexibility
- Ways to optimise the resources to secure the health outcomes

Theme E: Innovation
- What is in the product pipeline?
- How can we anticipate interventions that are coming?
- Also consider innovative practice and approaches, how can we do things differently
- Optimise prevention, diagnostics and treatment and service delivery and governance
- What are the ground breaking interventions that can help end the epidemics?
Sessions 7-12 focused on soliciting inputs from the meeting on the various key elements of the strategies including advice on the action points for countries and for WHO.
Session 7: Theme A - Strategic Information, Governance and Accountability

In introducing the first theme for discussion colleagues from WHO headquarters expressed the need for more accurate and extensive data and analysis to inform national programmes, recognizing that insufficient strategic information limits programmes including governance and accountability. Strategic information is essential for:

- Advocacy and resource mobilization;
- Planning and implementing;
- Monitoring and improving;
- Providing evidence of impact;
- Understanding the epidemic and focusing resources;
- Tracking progress and understanding impact.

Key Themes/Discussion Areas:

Participants were invited to share ideas and perspectives on the inclusion of a strategic information focus in the three strategies. There was broad support for this and the following key themes emerged through discussion:

- Importance of routine surveillance data and population based data (second generation surveillance and size estimations in key populations);
- The need for standardising indicators and approaches across the three diseases (HIV, VH, STI);
- Request to build systems that apply to all three diseases;
- Supplementing existing program data with information on vaccinations;
- Stronger information linking the cascade from testing to treatment;
- Need for more data on cirrhosis, chronic hepatitis, HCC – yet lack of data or poor data should not be a reason not to act – particularly for hepatitis;
- Proposal that financial information (national programs and external funding) should be recognized as an important part of strategic information;
- The overall goal of strategic information is for analysing the existing situation and facilitating the decision making (data or evidence use in decision making);
- Build future approaches in viral hepatitis surveillance on the lessons learnt from HIV (given the big efforts and many interventions done in the last decades on HIV).

Proposed Actions for Countries

The consultation encouraged participants to share ideas on what actions should be proposed for countries and for WHO in the draft strategies. Proposed actions for countries included:

- Improve epidemiological surveillance -
  - Establish national and subnational database for all three areas
  - Ensure national programs with strategies and measureable indicators
  - Strengthen case reporting including within key populations
  - Involve the community in data collection
- Publish data regularly and timely so as not to produce 'data cemeteries';
- Consider combined registries for HIV, Hepatitis and TB;
- Harmonise data systems and ensure coherence with other data collection systems;
- National plans on monitoring and assessment should involve all stakeholders including civil society and academia -
Data is needed before the strategies are developed
Cost effectiveness assessment models for all diseases required as part of national planning;

- For HIV - routine epidemiological surveillance and improve surveillance - assess the population size in each population group;
- Hepatitis and STIs - screen the population to assess the burden of disease and organised surveys to see the impact of vaccination;
- Monitor drug resistance across all three areas;
- Develop and ensure cross-linking / compatibility of different information systems for different diseases (HIV, viral hepatitis, TB);
- Need to collect additional / comprehensive data on key affected populations (KAP), and use of data for decision-making purposes;
- Develop national and subnational data systems, including comprehensive data breakdown by different KAPs, compatible with international systems (joint WHO/ECDC etc.);
- Concentrate the information and reporting in a standardized/unified structure under a designated governmental entity;
- Strengthen the roles of the government in showing leadership in intersectoral coordination including national and international partners;
- Using the cascade principle and approach - improve quality of information, coordination and reporting;
- Development of national programs/strategies for all three diseases that will include planning, description of activities, financing and indicators;
- Development of an integrated system of epidemiological surveillance on the national level to involve not only data flow on disease (incidence, mortality, prevalence, etc) but also info on the operational system under the health system and use of data for strategic policy decisions. MoH, other sectors and structures should be involved;
- Involvement of CSOs/NGOs in identifying indicators and information for decision making. The strategic information data collection should be organized with participation of NGOs, private sector, academia – development of indicators, list of final indicators;
- Data are collected not only on disease, but also analysis of health systems, and recommendation for better implementation;
- Propose inclusion of indicators on on patient’s satisfaction;
- Ensure inclusion of data collection from private sector;
- Strengthening capacity in countries on data interpretation, analysis and use;
- Conduct specific studies to evaluate the burden of viral hepatitis in countries with special focus on newly diagnosed cases and chronic patients;
- Create and support experts groups that would strengthen the collaboration of policy makers and the public sector, including professional associations and civil society that have more field experience on needed interventions.

Proposed Actions for WHO

Participants proposed the following actions for WHO (and other international partners) for consideration in the strategies:
- Develop a compendium for the entire European region;
- Unify guidance and approaches for STI, HIV and Hepatitis;
- Include strong references and linkages to TB;
- Consider a single system for indicators for all programs, some should be mandatory and countries can also add their own;
- Develop key indicators to monitor progress so countries can assess if they are moving in the correct direction;
- Provide methodological tools for mapping and size of key populations;
- Regular update of methodologies, strengthen capacity of data use, key indicators, new innovations, establishing a link between testing and further treatment of care;
- Provide guidelines on disease burden and assessment and methodology of screening activities and assessing numbers of vaccination;
- Increased advocacy required from WHO – encourage countries to act;
- Provide practical packages on innovative methods for surveillance;
- Provide support to optimize and simplify reporting requirements;
- Apply lessons learnt from HIV to improve surveillance within hepatitis and STIs;
- Advocate for independent data collection;
- WHO should focus guidance on methodologies to assess key populations;
- Single / standardized / unified approach from partners to definitions / data / data breakdown (information systems, databases) (e.g., age groups in UN, TGF) to ensure cross-comparability of data across countries;
- Integration of epidemiological surveillance: harmonization and optimization of indicators to assess effectiveness of programmes/projects within the UN system (towards a unified standardized form of indicators for WHO, UNICEF, UNAIDS, UNFPA);
- More tailored and reduced sets of indicators, globally and for the European Region, reducing the reporting burden on countries (across all three diseases);
- Provide well defined basic indicators, surveillance tools and methodologies for STIs and hepatitis;
- Focused analysis and dissemination of all country surveillance and response data reported to WHO (across all three diseases) making data analysis and presentation more useful;
Session 8: Theme B - Interventions for Impact

Using a Universal Health Coverage framework requires countries to define a set of essential HIV, viral hepatitis and STI interventions and services along the entire continuum of prevention, diagnosis, treatment and care. Core interventions and services should be informed by the local context and seek to cover: reduction of vulnerability and risk; reduction of transmission; testing and screening; treatment; and care for people living with HIV/viral hepatitis/STIs. They should also seek to focus on social determinants and enabling environment including health systems and civil society/community involvement.

Key Themes/Discussion Areas:

- Prevention should be prioritized across all three strategies;
  - Importance of including health promotion and outreach, clarity in all definitions;
- Proposed need for a range of testing options including community based options, voluntary testing, point of care and self-testing, free testing linked to counselling;
- Important to integrate the three strategies with an emphasis on the right to health and treatment access, prevention and early detection – need for TB to be brought into all strategies;
- Infection control, blood products an important issue across the strategies;
- Primary health care settings and multisectoral approach should be brought together;
- Palliative and end of life care also need to be better considered in the strategies;
- Simple clinical protocols for countries struggling for resources with integrated approaches and leveraging the role of NGO’s and the private sector.

Proposed Actions for Countries

- Encourage voluntary and confidential testing and point of care approach - community based testing, free testing;
- Integrate services targeting drug users and addiction;
- Address co-morbidities for hepatitis in particular those associated with alcohol;
- Ensure access to free screening and treatment, with explicit strategies for risk groups and the general population;
- Address stigma in health professionals – focus on those working in primary health care and community settings;
- Provide more testing opportunities in different settings;
- Ensure linkages to care;
- Observe world health days – for example World Hepatitis Day;
- Adopt WHO screening and treatment guidelines;
- Provide non-invasive methods to assess liver fibrosis so we can diagnoses patients easier and start treatment;
- Strengthen infection control measures;
- Provide comprehensive vaccination for Hep B;
- Increase screening for STIs especially in rural areas;
- Invest in health education, outreach and condom promotion;
- Integrate service approaches between in state and private clinics;
- Improve national programs that reduce carcinogenesis in key populations by improving access to testing in KP and migrants;
- Provide care to patients who are waiting for liver transplants;
- Ensure palliative care protocols and the development of transplant facilities are in place;
- Health literacy (key populations AND health professionals) and targeted investment in awareness raising;
- Stronger emphasis on partner notification for STIs;
- Scale up access to evidence-based services for KAP (e.g., OST, harm reduction) to reach impact indicators (targets) for effective control of epidemic / lower the burden of disease;
- Ensure integrated care to services (OST, HIV, TB, harm reduction) to also improve treatment adherence and access to care, making allowance for gender, age specifics, also engaging civil society organizations / communities;
- Implement national protocols for treatment and care for the three infections based on updated WHO guidelines / recommendations
- Remove the legal barriers (HIV, Intravenous drug users, transmitting of STI) for reaching better coverage;
- To reduce the cost of diagnostics and treatment in all three areas and to reduce the costs of condoms;
- Strengthening capacity building of health personnel to provide quality services (all 3 diseases)
- Migration is very serious issue in the region for all target groups – hosting country does not provide access to testing, treatment and care of migrant population;
- Involvement of private sector in provision of the same package of services (access to universal package of services).

**Proposed Actions for WHO**

- Ensure prevention and in particular health promotion is not overlooked – provide more evidence for health promotion;
- Continue to advocate for prevention measures such as condoms and harm reduction;
- Ensure leadership in benchmarking and reduction of prices for medication including through publishing prices from across the region on HCV medication;
- Review hepatitis treatment guidelines and ensure countries are compliant;
- Promote universal health coverage and the right to health;
- Better disseminate existing guidance, tools and knowledge;
- Provide support on costing programmes;
- Provide stronger leadership and advocacy on treatment access;
- Strengthen efforts to ensure treatment quality;
- Support improved vaccination efforts for HPV and HBV;
- Promote research into HIV vaccine and Hep C vaccine;
- Support efforts towards decriminalization of risk behaviours;
- Simplify clinical protocols especially for people with multiple infections;
- Continue technical and consultative assistance to improve service delivery;
- WHO to work with countries to disseminate, promote and implement comprehensive programmes for sex workers, MSM and PWID;
- WHO to keep track of the essential list drugs (and diagnostics where appropriate) and regularly update its own essential drugs list;
- Technical support in developing simpler protocols of clinical management of co-infections for countries with limited resource settings;
- Advocacy for increased and continuous donor funding;
- Price negotiations on global level (esp. for Hep) for diagnostics and drugs;
- Facilitate inter-country agreements on access to quality testing, treatment, care for HIV, Hep, STIs for migrant populations;
Session 9: Theme C - Delivering for Quality and Equity

The Universal Health Coverage focus on populations, locations and settings seeks to ensure that all people who need services can access them. This strategic area recognises that interventions and services are often poorly targeted and fail to reach those at greatest risk. Large proportions of people at high risk from the three diseases have no access to prevention and other services, remain undiagnosed, or do not use or adhere to treatment therapies. Existing approaches seldom address underlying factors - such as discrimination and criminalization, drug dependence and poor mental health. When services mainly through the private sector – this can trigger affordability and access issues. The Draft Strategies propose priority actions for countries and for WHO around:

- Focus on populations and locations with highest disease burden and transmission
- Reach vulnerable and at-risk populations with appropriate services
- Engage and link with communities and partners
- Support community responses and capacity
- Strengthen health systems

Key Themes/Discussion Areas:

- Improving capacities to measure and address stigma and discrimination;
- Exploring how to support de-criminalization of behaviours including through work with the justice sectors;
- Involvement of civil society and communities – focus on empowerment;
- Ensuring a comprehensive package for key populations which includes prisoners and migrants – starting with population size estimates;
- Strengthening efforts to ensure quality or treatment and programmes;
- Optimizing service integration including across public and private providers;
- Request for stronger WHO advocacy.

Proposed Actions for Countries

- Ensure greater focus on prison populations and migrants;
- Map the epidemics more effectively including through a deliberate focus on key populations;
- Match services to the needs of key populations through inputs from civil society and patient groups;
- Improve surveillance while also protecting patient confidentiality;
- Empower the civil society groups who work with key populations;
- Implement clinical care standards/guidelines including a focus on the training of healthcare workers;
- Improve links in service delivery and reporting with private facilities;
- Develop and implement gender strategies/plans;
- Invest more resources in community involvement;
- Improve procurement practices with an emphasis on quality;
- Provide outreach services for key populations – taking advantage of mobile units and innovations where appropriate;
• Reaching out to partners of KAP (prevention, testing, treatment), including through community-based organizations, community-based testing / rapid testing, multiple tests (HIV, HBV, HCV, syphilis);
• Improve flexibility of health care delivery (e.g., extended working hours) / health system management (dispatching of drugs etc.) for patient-centred care in the context of KAP;
• Ensure cross-sector care (prisons);
• Social contracting of NGOs (by Government, health insurance), including accreditation, list of services;
• Mapping the epidemiological situation on three key diseases (HIV, VH, STI) in order to identify the areas with high prevalence, including penitentiary settings, mapping of access to medical and social care;
• Capacity building (human capacity building) – medical and non-medical staff with mandatory involvement of academia in order to strengthen the role of primary care that will consequently increase access to treatment and care;
• State (national) control (regulation) of reporting from private clinics/hospitals (entities);
• Improve access in geographically hard to reach areas (for example using mobile teams, increasing motivation and trainings of health providers)
  o To take note that HIV/AIDS system decentralization is not possible in a range of countries in eastern Europe and central Asia
• Promote patient-oriented services: assure that patients can get services for HIV, TB, HR (including OST), Hepatitis in one place;
• Political commitment, enabling environment and supportive legislation base to achieve equal access to prevention, treatment and care for Hep, STIs and HIV;
• Assured interagency integration and collaboration to achieve equal access to prevention, treatment and care for Hep, STIs and HIV;
• Strengthening capacity and infrastructure for enabling to expand access to prevention, diagnosis, treatment and care of HIV, STIs, Hepatitis;
• Identify legal barriers, address all people in need, promote an integrated approach, assure different services cooperation towards better access to needed services for those in need.

Proposed Actions for WHO

• Support countries to work with the justice system to ensure an enabling environment for key populations – and where appropriate actively support efforts towards the decriminalization of drug use, sex work and same-sex behaviours;
• Provide a clear definition of patient/client centred approach – what it means - add this to the GHSS guiding principles;
• Develop a data base of best practice;
• Model and facilitate the involvement of civil society;
• More evidence of how integrated approaches in key populations works and advocate for this approach;
• Develop specific action plans and strategies focused on the needs of migrants;
• Strengthen technical assistance and encourage countries to be ambitious in their efforts;
• Support and promote the importance of political commitment in achieving equal access and effective impact for HIV, STIs and Hepatitis;
• Assure evaluation of services – work with countries to assess how inclusive are the services at national level (including regional and global reviews on this issue);
• Advocate in countries to use evidence based and integrated approach through existing models and facilities.
Session 10: Theme D - Finance for Sustainability: Covering the Costs

Enhanced services require new and sustainable funding approaches. This may include: the raising of funds to pay for programmes, including through public and private domestic funding and external sources, such as donor grants; establishing equitable mechanisms to pool funds to provide financial risk protection related to health, including viral hepatitis, such as through taxation and health insurance schemes; and optimizing the use of resources by improving the efficiency and effectiveness of services and reducing the costs of medicines, diagnostics and other commodities; and, critical to the European Region, addressing the specific needs of middle-income countries. Proposed WHO and country actions include:

- Increasing investments through innovative financing and new funding approaches;
- Providing financial risk protection;
- Reducing prices and costs, and reducing inefficiencies.

Key Themes/Discussion Areas:

- Ensure a strong focus on procurement and price negotiation;
- Focus on good governance and transparent management of health financing;
- Acknowledging the diverse challenges in this region regarding financing, and the diminishing role of the Global Fund, what are the best strategies to encourage/ensure more domestic financing?
- How can countries in the region to ensure the best deal from patent laws and TRIPS flexibilities?

Proposed Actions for Countries

- Ensure leadership from the Ministry of Health in negotiating drug prices and access to generics - work across ministries;
- Secure more robust procurement plans – developing long term commitments and agreements with manufactures to reduce prices;
- Develop efficiency plans to better use funds currently available;
- Ensure insurance is available for health workers to cover nosocomial infection;
- Ensure a health account system is in place to calculate investments;
- Ensure transition plans in place in anticipation of Global Fund withdrawal;
- Engage procurement experts in negotiations;
- Consider shifting costs to primary health care settings away from expensive specialists;
- Ensure arguments around treatment as an investment as it is cost saving and cost effective are understood with all key stakeholders;
- Know the situation in other countries to compare financing options;
- Finance from national health ministry and insurance schemes;
- Commit to funding the entire cascade;
- Invest in prevention to save on treatment;
- Consider merging some common budget costs of HIV and viral hepatitis programs to optimize costs and build up on synergies;
- Elicit price cutting strategies for HCV and HIV drugs and/or diagnostics (negotiation with manufacturers / providers, registration of drugs, generic) or barriers (TRIPS), given that drugs are some of the costliest budget lines, and take actions towards
working those out, including the changing of legal framework on intellectual property (TRIPS flexibilities);

- Build up public-private partnerships;
- Cost decreasing and more effective distribution and spending of the existing resources taking into account the overall assessment of effectiveness of spending in health system;
- Increase percent of GDP spent on health, and direct these funds to the programs on HIV, Hep and STIs;
- Request donors to stay in the region and countries;
- Assure adequate state (national) funding;
- Development of mechanisms for transition to state funding;
- Make cost assessments and cost benefit assessments at country levels; use existing resources and facilities to cover the gaps; if funding is scarce, governments should call upon external sources;
- Work towards increased prioritization for hepatitis.

Proposed Actions for WHO

- Support country negotiations with manufacturers to reduce prices to assure direct interaction, transparency in procurement contracts, decreasing the cost of medicines and diagnostics and improve supply conditions (supply chains);
- Conduct and publish feasibility studies regarding investments;
- Advocate for countries to allocate percentage of GDP for health care and request donors to stay;
- Ensure that countries understand that financing should be based on disease burden including among key populations;
- Provide technical assistance and expertise on health financing;
- Publish a report focused on cost effectiveness with best practices from different countries;
- Provide global advocacy together with the World Bank and other organisations to position health investments as essential;
- Co-ordinate a database to record prices on drugs world-wide and model greater transparency;
- Document how countries can finance harm reduction strategies;
- Instigate international pressure to reduce prices of diagnostics and treatment;
- Support to reforms of health financing systems through technical assistance;
- Support countries to use existing surveys and tools to gather information at national levels that would help decision makers and other entities at national level to focus their future interventions (such work sometimes is not fully done by governments in certain countries and WHO can certainly help with this);
- Support countries registering more generics and list them in the essential drugs lists at national levels – WHO to urge countries to register and use more generics.
Session 11: Theme E - Innovation for Acceleration: Changing the trajectory

Research and innovation provide opportunities to change the trajectory of programme scale-up and to maximize the impact of available resources. To reach the ambitious targets of the new strategies existing proven interventions and services need to be supplemented with new technologies and approaches. All three areas require operational research and collaboration between researchers and policy makers to ensure research findings are rapidly translated into practice. Under the innovation focus proposed WHO and country actions include:

- Optimizing prevention
- Optimizing testing and diagnostics
- Optimizing medicines and treatment regimens
- Optimizing service delivery

Key Themes/Discussion Areas:

- Many innovations are currently in the product pipeline – anticipating what is coming is essential for WHO and countries;
- There is much room for further innovation in practice and approaches – for example through social contracting with NGOs;
- Vaccines and immunization present much opportunity for innovation;
- WHO has a critical facilitating role to ensure that innovations are identified and incorporated into programmes.

Proposed Actions for Countries

- Be ready to adapt new technologies in diagnostics and ensure that novel agents and treatments are fast-tracked;
- Ensure support for mono-infection ie patients with Hep C who have limited access to treatment;
- Optimally use innovative models such as vaccines and behavioural models to focus on risk reduction;
- Be open to eHealth and social media approaches;
- Need for innovation around reinvigorating existing proven programmes including condom programming to make them relevant again;
- Consider supporting domestic production of commodities to reduce prices;
- Initiate shortened registration processes for drugs;
- Diversification and flexibility required in new testing approaches ie self-testing supported by online consultations;
- More rapid sharing of technology between countries;
- Hepatitis B has good innovations already but these need to be fast-tracked;
- Take advantage of new technologies and maximally optimise testing and treatment;
- Find new ways to address the behavioural factors impacting on poor treatment uptake and adherence among vulnerable populations;
- Remove or lower taxes on condom sales and ensure favourable tax/production conditions for condom producers and retailers;
- Implementation of new methodologies on diagnosis of severity liver fibrosis;
- Advocate for new ways to ensure mandatory vaccination for hepatitis B;
- Explore possibilities afforded through PrEP (pre-exposure prophylaxis).
Proposed Actions for WHO

- Innovations should be a primary focus of WHO;
- More emphasis on the treatment of children and adolescents essential;
- Facilitate investment into research to collect evidence and recommendations;
- Promote safe quality home testing and self-testing supported by counselling to address concerns and community resistance;
- De-criminalisation will have a major positive impact – insist on new innovative ways to pursue this agenda;
- Recommend all patients diagnosed with TB also be tested for HIV, hepatitis and STIs;
- Develop a compendium of best practices on innovations and new technologies and update and share this on a regular basis;
- Initiate consultations with partners/donors regarding the need of funding the treatment of hepatitis C mono-infection for the Global Fund sources;
- Provide technical support for introducing/implementing innovative technologies – new treatment regimens, telemedicine, services provision models – aiming to increase access to treatment and care and increase effectiveness of treatment;
- Promote development and use of drug formulations for children;
- At global level, WHO is expected to assure innovative approaches in increasing vaccination coverage and promoting immunization;
- Ensure technical assistance supported by advocacy for ensuring mobile populations and migrants are able to access essential services;
- Advocacy for price regulation/reducing for laboratory test – kits and medicines (Hepatitis and HIV)
- TA and support in development of local essential quality assured strategically important production (medicines and test kits) to provide access and affordability to prevention, treatment and care
- Continue supporting further researches on HIV vaccines, the HIV cure agenda and less toxic medications; Provide most up to date guidance on pre-exposure prophylaxis, latest approaches in treatment and vaccination strategies;
- Support to ensuring ongoing innovative research.
Session 12: Progress in national responses in the countries of WHO European Region

The session was chaired by the Global Fund and the WHO Regional Office for Europe and offered an overview on regional progress in the scaling up of HIV testing, treatment and care. Presentations were made by the regional WHO Collaborating Centre for HIV and Viral Hepatitis, Russia and Ukraine.

Key Discussion Points

- Testing: testing pregnant women does not work in the context of key populations;
- Second testing HIV: if countries can organize to test pregnant women why cannot they do the same for key populations? In most cases in this region the injection drug using population. We need to encourage countries to focus on the real issues - especially in light of resources;
- Efficacy is critical and flexibility in not prescribing approaches;
- Spectrum model – taking into account programmatic data is helpful;
- 90-90-90 goals – in association with vulnerable groups – what are the estimates of HIV prevalence in Russia and Ukraine – need to address 90-90-90 by group not just by general population;
- Russia – cohort studies ongoing – preliminary 65% prevalence MSM – more easy to involve MSM than IDU – 5-15% of MSM already infected – young MSM an important focus;
- While there are good practices in the region many are Global Fund dependent – we know the epidemic and where it is ongoing – we know where to start and end in this region but we lack the political leadership to move the agenda forward.
Session 13: Identifying key factors for successful implementation of the Global Health Sector Strategies (GHSSs)

This session facilitated by WHO Regional Office for Europe and WHO Headquarters requested the table groups to spend time reflecting on how best the region could prepare for successful implementation of the strategies once they are approved. The following key discussion points were reported back to plenary:

- Recognition that the strategies are both technical frameworks and political advocacy documents that can be used to encourage countries to take action;
- Proposed sub-regional follow-up multisectoral meetings to plan for implementation;
- National platforms should be used to implement the strategies;
- Request for WHO to convene regular capacity trainings and monitoring meetings;
- WHO to consider two year “contracts” with national health sectors/ministries;
- WHO to ensure alignment with global and regional strategies and focus on integration;
- Need countries and WHO to focus on the better use of existing tools and information;
- STIs need a particular focus given weak STI capacity in some countries;
- Propose a one UN approach with all UN agencies with strategies and the Global Fund coming together to provide consolidated strategic support to countries;
- Need to focus on political change and ensure a clear role for WHO in supporting political advocacy to secure implementation;
- Price reduction policies should be prioritized as part of the implementation focus;
- Need strong and clear advice on what should be deprioritized – what should countries NOT be doing?;
- Explore development of a single regional action plan that refers to UNAIDS, WHO and Global Fund strategies for HIV;
- Need a clear plan for data collection and dissemination agreed for the region;
- Identify clear collaborating centres for some of the key strategic priority areas;
- As we consider optimizing resources we should recognize that sometimes there are too many partners invited to collaborate on specific initiatives - need to be more efficient in how we use resources and share tasks/responsibilities;
- We face a crowded agenda and it would help to have a centralised platform to keep track of key dates - proposal that the regional WHO office provides this;
- Need a stronger focus on strategic use of the media - ensure that CSOs and other partners are helping to create visibility for the strategies;
- Recognition that the strategy development process itself presents a number of critical opportunities to raise the political profile of the three disease areas - each organization at the meeting should take advantage of this;
- Need to focus on clear mechanisms for partner coordination during implementation;
- We should recognise that testing/diagnostics are the key to the treatment cascade and should be prioritised in the early stages of strategy roll-out;
- Given that the Global Fund is leaving counties we need to ensure that transition plans are in place;
- Leadership from inside countries is critical and should be supported and mobilised now;
- Financial solutions and costing should be part of the political as well as the technical process of planning implementation.
Session 14: Implementation of GHSSs in the European region

This session convened a panel of regional organizations, including WHO technical staff focused on migration and immunization, to discuss what broader support, advocacy and technical assistance is needed to support policy change and national level strategy implementation. The session was chaired by WHO headquarters. Panelists included: Manuel Battegay, EACS; Dagmar Hedrich, EMCDDA; Angelos Hatzakis, Hepatitis B and C Policy Association; Santino Severoni, WHO Regional Office for Europe; Liudmila Mosina, WHO Regional Office for Europe; Geoffrey Dusheiko, EASL.

Key points made during panel interventions:

- EACS: training and education is critical to improve standards of care; the region needs WHO guidelines translated for healthcare workers by country context to ensure that guidelines are feasible in terms of implementation. A capacity building focus is critical. In ‘translating’ the various guidelines it is important to consider the views of patients and healthcare workers.
- EASL Guidelines don’t cover cost effectiveness; primary purpose is to educate clinicians on liver disease; policy work is becoming increasingly important; a challenge in viral hepatitis is one of access linked to high cost of drugs; EASL works in partnership to coordinate national policies; treatment is focused on the most serious cases; help formulate national policies; treatment with DAAs is often only directed to co-infected patients through existing funding support mechanisms – this is not good enough. Evolution of EASL and increasingly public health focus from a clinical focus.
- Hepatitis B and C Policy Association; platform for all stakeholders to discuss policy issues; three meetings/summits have been held - each increasingly focused; will focus on gap in awareness of national parliamentarians – meeting of 150 parliamentarians is planned focused on the critical question of how best to finance hepatitis?
- EMCDDA; experience grounded in HIV response in the region; documenting the shifting European response among drug users; documenting success in evidence based programmes; seeing shifts in European drugs market and behaviours; guidelines for behavioural data and risk behaviours as well as disease prevalence and response. Good evidence and information for policymaking – looking beyond health to criminal justice and other sectors as well.
- WHO Regional Office migration: recognition of the important links between migration and HIV; focus on migrant health; inequity within and between countries – migration a critical issue; 8% of Euro region population are migrants. Health sector does not recognise its role in migration – lack of clarity in role for health sector. Need for evidence for ministries of health – facing fragmented information – need to bring together evidence and present.
- WHO Regional Office immunization; HBV vaccine effective yet the region still struggles to optimize the vaccine – six countries have low prevalence and do not cover infants but wait to see whether they will become risk groups in later life; other problem almost half of regional countries do not use birth dose. Some countries are not ready to switch to birth dose.

Key Discussion points following the panel interventions:

- The region requires a multidisciplinary approach critical to reduce risk for MSM, migrants and others.
- Need to focus on needs people on the ground - incentives required for clinical staff. At the end these people have to work there. The strategies will only work if there are
clinicians at ground level – the cascade of responsibilities – the medical school, government, societies etc

- Incentives critical and requires nuancing in regions and countries – needs to be sustainable and to address equity.... Need to think about how to ensure Health in All Policies for health interaction with other sectors.
- Countries face different guidelines based on different degrees of evidence – who sets the standards for whether to use professional guidelines or WHO guidelines? Who decides?
- Important to focus on HIV and migration in the region – how should the strategy include migration? Most cases are in heterosexual migrants.
- WHO Guidelines provide an umbrella that informs other guidelines form other bodies and agencies
- Critical to recognise there is a diversity of partnerships and constituencies engaged
Session 15: Implementation of GHSSs in the European region - the role of the civil society

WHO Regional Office for Europe chaired a panel discussion with a number of representatives from civil society organizations. Panellists included: Michael Krone, AIDS Action in Europe, Giulio Corbelli/Brian West, EATG, Anna Dovbah, EHRN, Tatjana Reic, ELPA, Isabelle Andrieux Meyer, Medicins Sans Frontieres, Raquel Peck, World Hepatitis Alliance, Eberhard Schatz, CORRELATION network. Key points raised during the panel exchange include:

- **WHA**: important role of advocacy including World Hepatitis Day in supporting the coordination of efforts to raise the profile; price issues critical focus. Important to learn from civil society and to link with national organizations. We need catalysts for action – how can we use celebrities or ambassadors? Importance of thinking creatively about game-changing interventions.
- **MSF**: advocacy important; price barriers seem arbitrary, inequities across countries and unethical practice of pharma; need dedicated mechanisms to support the funding of treating mono infection for hepatitis.
- **AIDS Action Europe**: if issues arise in countries these can be addressed at the European level as well as the national level. Action to provide legal services for undocumented migrants. Sometimes just require two or three active individuals to make a big difference around advocacy and literacy.
- **ELPA**: 10 years old liver patients association – 35 organizations from 27 countries; advocacy and services, how can civil society support ministries of health in addressing the diseases? Social contracting would offer a perfect solution. CSOs hold much expertise. Highly motivated individuals are crucial.
- **CORRELATION network**: participatory approach with key populations, including drug users; peer involvement; hard to reach groups. Have developed advocacy training tools around hepatitis. Continuum of care – with DAAs and HCV the focus of interventions is moving to CSO sector.
- **EHRN**: strong regional network, support to WHO strategy, need sustainable funding for comprehensive harm reduction services – moves beyond needle and syringe programmes; role in presenting evidence to support provision of harm reduction services; upcoming meeting with partners exploring future funding strategies; work with law enforcement agencies; community involvement.

**Discussion:**

- Recognition of work of national hepatitis NGOs and their impact on helping to set and influence the agenda including issues of quality, patient centred efforts. Patients know better than others about what is needed. NGOs with GF funding are destructive in relation to viral hepatitis;
- Identify country examples that can help us reinvigorate immunization programmes and deal with anti-vaccine lobby. Many examples of existing mechanisms exist - some supported by Gavi and Gates including the Vaccine Confidence Index hosted by the London School for Hygiene and Tropical Medicine;
- Some countries lack NGOs with a focus on hepatitis – NGO involvement important. How can we mobilise civil society to get involved? Can we have a regional initiative to support the emergence of NGOs?
- Important role of CSOs in ensuring a voice for and marginalized communities;
- Role for WHO in facilitating dialogue between NGOs and government;
- Request to involve CS groups more in these types of meetings;
- Propose an indicator for financial sustainability – particularly in relation to Global Fund transition and domestic financing.
Session 16: Strategy implementation in the WHO European region - reflections on proposed global goals and targets

Two facilitated group discussions were held to offer meeting participants the chance to comment on the proposed goals and targets included in early drafts of the three global strategies. One group focused on the draft for viral hepatitis while the second group considered both HIV and STIs. To start the discussion short presentations were made to both groups outlining the proposals. For the HIV discussion it was stressed that the health sector strategy was aligned to the goals and targets of the evolving UNAIDS strategy and so there was less opportunity to influence changes given the separate consultation process led by UNAIDS. The HIV/STI group was encouraged to focus on STIs – UNAIDS was part of the conversation to also take back comments that might influence the UNAIDS process.

Key discussion Points from the HIV/STI Group:

- Major challenges exist in linking the reality of STI treatment to a national level monitoring or surveillance system given the dominance or self-treatment, private testing and treatment.
- Data suggests that STI prevalence figures are relatively low but the reality is likely to be much higher.
- In some countries STI services have been destroyed making monitoring and tracking progress against targets challenging.
- Missing out on capturing many STI cases. Can track some infertility cases related to STIs.
- Improper antibiotic use a major problem and antimicrobial resistance an increasing concern – need to track this as part of the STI strategy. Urgent need for a system backed up by targets and goals to tackle antimicrobial resistance.
- The STI goals are very ambitious and we need to see a re-emphasis on condoms stated in the strategy - we have to recognise that ABC has failed - AB has failed but we need to revisit C.
- We need strong prevention targets for STIs and HIV – proposal to think about a prevention approach that learns from 3x5 but is even more ambitious.
- We need human rights targets for all three global strategies.
- Urgent need to underline the importance of reinvesting in condom programming by ensuring we have strong and ambitious targets in place. Heterosexual transmission in some contexts is unchecked.
- If we look at “getting to zero” we have to recognise the failures in prevention / think big, out of the box and ensure we have behavioural interventions linked to targets for prevention.
- MSM and STIs is an untold story in the region and requires its own strategy with goals and targets.
- Important to set targets linked to financial savings / for example around price reduction and drug procurement.
- How can we link services to programme monitoring?
- In many countries adequate baselines do not exist for STI programming.
- We should consider tracking alcohol use as a factor involved in facilitating all three epidemics.
- We urgently need strong targets linked to fiancé for sustainability - particularly linked to increasing domestic investment in HIV. Need to ensure all five strategic directions can be monitored through appropriate targets.
Setting the scene for discussion with the viral hepatitis group:

These will be the first global targets for hepatitis - with a view to 2030. Vision of elimination presented: “A world where viral hepatitis transmission is stopped and everyone has access to safe, affordable and effective treatment and care”. Elimination as a public health issue of concern - remove sustained transmission, remove hepatitis as a leading cause of mortality: in line with HIV, TB, malaria and other health issues in post 2015 agenda; elimination and not eradication: long wave of prevalence will remain for decades. Balance feasibility with ambition - proposed that technically feasible by scaling up five key interventions to high coverage:

- Infant and birth dose Vaccination (HBV)
- Hepatitis B treatment (lifelong)
- Hepatitis C treatment (high cure rates of >90%, 3 months oral)
- Reduce risk of medical exposure (in and outside facility) – safe injection, safe blood
- Provide Harm reduction interventions (IDUs)

To achieve these targets certain programmatic assumptions were presented:
1. Immunization scale-up; and approaches to eliminate mother to child transmission, e.g. innovations in delivery of birth dose
2. Universal access to blood and injection safety in and beyond health settings and to Harm Reduction
3. Scale up and innovations in treatment: innovations in diagnostics, including point of care testing, new case finding, radical reductions in treatment costs, and innovations in curative HBV treatment
4. Strong linkages of hepatitis interventions to HIV, TB, MCH, NCDs and health systems approaches
5. Significant investment in surveillance

Key discussion points form the viral hepatitis group:

- Targets are achievable – yet there is a need for financial support for treatment and prevention.
- Targets are too ambitious- especially for Eastern European Countries - hepatitis prevalence may be higher than WHO estimates. Many countries do not have baseline figures and are affected by social and economic issues.
- Context critical - while the targets might be overly ambitious for Eastern Europe they may lack ambition for Western Europe.
- Need further focus on harm reduction including in prisons.
- Targets should be measurable and communicated.
- Possible rethink of harm reduction targets to focus on % of drug users tested.
- Many countries do not implement universal new born immunization, only those mothers who test positive for different diseases.
- Vaccination at birth provides a good measure yet majority of the funds available go to treatment instead of prevention.
- Propose shifting focus from safe injection targets to implementation of plans for safe environments within healthcare settings – including focus on capacity building for health care providers.
- Propose focusing on harm reduction through monitoring needle exchange programs in prisons – assuming a majority of drug users will go through prison.
- What is the harm reduction based on? There is enough evidence that demonstrate that needle exchange alone reduced infection, but there should be a full coverage for treatments.
- Harm reduction: not only needle exchange. Seems to be not the most relevant indicator, coverage seems to be more important (refers to WHO guidelines). Maybe put a target on drug users tested?
- New infections: will not be achievable? There is no interest to work on drug users. This has to change first.
Session 17: Implementing WHO guidelines in the European Region

The penultimate session offered an opportunity for WHO to offer a series of technical update presentations focused on WHO Guidelines. PowerPoint presentations are available separately to this meeting note highlighting the key points shared. Presentations covered:

- Updates on the WHO guidelines on the use of Antiretroviral drugs for treating and preventing HIV
- Updates on the WHO guidelines on HIV testing and counselling
- Technical and operational considerations for HIV treatment monitoring
- Consolidated Strategic Information Guidelines for HIV in the Health Sector
- Monitoring and evaluation for collaborative TB/HIV activities
- WHO Guidance in Programme Reviews and Strategic Planning
- Updates on the WHO guidelines on Viral Hepatitis
Session 18: Summary of key outcomes from the consultation and next steps

This was the last major regional consultation of a series of consultations this year which have helped inform strategy content including with: Member States; technical experts and partners; civil society; development partners; UN agencies and other stakeholders including through an online consultation. The strategies will now be highlighted during the coming Regional Committees and discussed in January 2016 at the 137th WHO Executive Board prior to consideration at the 69th World Health Assembly in May 2016.

Feedback from participant survey:

The meeting ended with a summary of a short questionnaire that was proposed to participants in order to have a clear feedback on the relevance of GHSSs for the WHO European region Region and feasibility of its implementation.

Response rate

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th>Viral Hepatitis</th>
<th>STI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>58</td>
<td>62</td>
<td>48</td>
</tr>
<tr>
<td>Somehow important</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not important</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you think it is important that 2016-2021 Global Health Sector Strategies are developed?

<table>
<thead>
<tr>
<th></th>
<th>HIV</th>
<th>Viral Hepatitis</th>
<th>STIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>52</td>
<td>60</td>
<td>39</td>
</tr>
<tr>
<td>Somehow important</td>
<td>6</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Not important</td>
<td>2</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>I don’t know</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Referring to the draft Global Health Sector Strategies (GHSSs), what do you think about the vision, goals and targets proposed in the context of the European region and the country you represent?

In the context of the European Region and the country you represent, do you think the proposed strategic directions are:

![Bar chart showing responses to the question about the relevance of proposed strategic directions in the context of the European Region and the country represented.](chart1)

![Bar chart showing responses to the question about the relevance of proposed strategic directions in the context of the European Region and the country represented.](chart2)
Is a Regional Action Plan needed for a feasible and timely implementation of the GHSSs in the European Region?

If you answered "yes" to the previous question, when do you think would be the most opportune time to start developing the Regional Action Plan?
Conclusions and recommendations

The European Region is diverse both in terms of the differences in the disease dynamics across the region and also in relation to how health services are funded and organized. All countries face similar challenges of identifying ways to increase focus and resources for the three disease areas while achieving efficiencies and building a sustainable platform for health. Universal Health Coverage offers an important framework from which to strengthen programmes.

Countries need to define the essential services required by their populations in need through reflecting on: the current national disease profile which includes a focus on key populations; gaps in coverage; existing service delivery models including services provided through the private sector; level of government health spending and the fiscal landscape.

Many countries in the region are experiencing pressure on their health budgets and decisions regarding which health care interventions to prioritise – these decisions must be based on best available evidence and WHO guidance. For many countries in the region greater attention to ensuring the sustainability of the responses to HIV, viral hepatitis and STIs, requires increased government spending on health from domestic funds and immediate attention in the face of diminishing donor financing. All countries can strive for greater efficiencies through reviews of health policies and practices to maximize the impact of expenditures.

Key populations continue to be a critical focus for HIV and for viral hepatitis and STIs throughout the region. In addition to sex workers and their clients, MSM and drug users countries should ensure focus is applied to the gender dynamics of the diseases, young people and adolescents, prisoners and migrants. Depending on the country context other groups may be identified through “Know Your Epidemic” approaches and analyses. This includes encouraging a more granular approach to data and surveillance to ensure that data is appropriately disaggregated by age, sex and other demographic factors. Strategic information should be focused on equity and increasing the understanding localized epidemics and help focus investments on populations and geographical locations where they will have greatest impact.

WHO aims to ensure that the three strategies will contribute to other health-related targets and the wider UHC goal by reducing maternal and infant mortality and premature mortality from non-communicable diseases; ending the TB epidemic; eliminating viral hepatitis B and hepatitis C; and improving access to sexual and reproductive health-care services, family planning, information and education.

The strategies will be further revised and presented to Member States for their consideration at various events including the 139th WHO Executive Board in January 2016 and the 69th World Health Assembly in May 2016. Participants involved in the Regional Consultation are urged to ensure that their relevant Ministries and senior health officials are made aware of the consultation and appreciate the important opportunity to ensure critical European Regional perspectives were generated to help improve and strengthen the draft strategies.
Annex 1: Scope and purpose of the Regional Consultation

Annex 2: Agenda

Annex 3: List of Participants