HIV experts Group Work meeting to provide Regional inputs to the Global Global Health Sector Strategy (GHSS) on HIV, 2016–2021

Beirut, 5 to 6 May 2015.
Summary Feedback

Introduction

As the world looks to 2030, and prepares to meet the challenges of an ambitious set of Sustainable Development Goals, the World Health Organization is developing three related global health sector strategies: HIV; viral hepatitis; and sexually transmitted infections (STIs). The 2016-2021 strategies will follow a similar structure, seek to ensure critical linkages across, and synergies between, these important health areas, and, will be finalized for consideration by the 69th World Health Assembly in May 2016. In this respect WHO Regional Office convened the regional HIV experts group meeting in Beirut from 5 to 6 May 2015. The main objective of the meeting is to provide regional perspectives to inform the development of 2016-2021 Global Health Sector Strategy on HIV. Participants, namely National AIDS Program managers, Middle East and North Africa Harm Reduction Association (MENAHRA) representative, Member of the regional treatment experts group, Regional HIV testing expert, UNAIDS representative and WHO staff from HQ, RO and CO attended the meeting.

During the two-day meeting, participants had the opportunity to discuss the draft global strategy and in view of this strategy, challenges and priorities in our Region. And feedback and comments on the global strategy were provided.

Consolidated feedback on the draft global strategy

1) Targets:

Participants agreed on the global targets. The Region will work towards these targets, recognizing that reaching them will be very challenging for most of countries. In the Eastern Mediterranean Region, the global targets are intended to act as a catalyst to encourage countries to work towards significantly increasing testing and treatment coverage in the region.

2) Structure:

The structure needs reorganization in terms of:

- Avoiding overlap and repetition to the extent possible;
• Adding one strategic direction on knowing the epidemic and response in the context of the strategic planning and prioritization. The section titled “Strengthen and monitor the continuum of HIV prevention, diagnosis, treatment and care” and the first paragraph of SD 2 should move to this new SD.
• Arranging the interventions along the steps of the cascade. The cascade should come up front in the document;
• Giving more emphasis to a health system approach;
• Emphasizing linkage to others sectors.

3) Strategic Directions (SDs):

<table>
<thead>
<tr>
<th>What is needed to be Emphasized</th>
<th>Key Challenges</th>
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<tr>
<td>SD1. Essential, quality services and interventions</td>
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<td>- Low / concentrated epidemic: build the cases for using resources in the most effective manner.</td>
<td>- Building the case in the presence of competing priorities: how to maintain priority level of HIV responses.</td>
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<td>- Addressing the prevention cascade.</td>
<td>Continuity of maintaining chronic care: Costly interventions (need for 2\textsuperscript{nd} and 3\textsuperscript{rd} line, comorbidities, resistance) incurred by longer treatment</td>
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<td>- Emphasizing gender and age specific prevention.</td>
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<td>- Addressing the needs arising from longevity: Chronic Care.</td>
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<td>SD 2. Achieving equity and impact: Populations and locations</td>
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<td>- Prioritizing investment in strategic information along the cascade and developing the related partnerships (NGOs, academia, etc).</td>
<td>- Programmatic challenges for countries with low prevalence in prioritizing locations, low risk groups (ensuring equity and impact).</td>
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<td>- Community involvement in planning, implementation and M&amp;E of all components of the response including treatment</td>
<td>- Challenges in identifying the most efficient and effective ways to decentralize prevention, care and treatment in low prevalence and low caseload settings</td>
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<td>- Emphasizing the</td>
<td>- Challenges arising with emergencies, migration and security situations</td>
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<td>- Role of NGOs and civil society</td>
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<td>- Role of the health sector in influencing health related policies in other sectors</td>
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<td>- Role of disclosure of HIV status and partner testing</td>
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### SD 3. Innovation for acceleration

- Need for operational research on how to implement PMTCT most efficiently in low and concentrated epidemic settings
- Addressing the needs for HIV prevention among PWID other than heroin
- Need for innovative HIV treatment regimens and service delivery models for PWID
- Need for health system innovation for greater involvement of the civil society and the private sector in HIV service delivery and innovation
- Need for operational research on decentralized service delivery models in low epidemic levels
- Building on the advances in communication technology

- Slowness of governments in adopting and introducing new technologies
- Cost of new technologies
- Changing drug use trends and arising needs for new prevention and treatment technologies (e.g. ATS drug use)

### SD 4. Financing for sustainability

- Identifying and applying cost saving strategies
- Private and public health insurance to cover essential HIV services
- Mobilization of local and regional funds to reduce dependence on external funding
- Integration within the existing health system services to reduce cost: Rationalization/ re-channeling of resources: e.g. making use of existing human resources, infrastructure, etc.
- Using allocation efficiency models
- Rationalizing fund allocation by focusing on high impact interventions and leave out interventions that are not based on evidence
- Budgeting the response

- Countries, donors and development partners need to recognize that large numbers of poor people live in upper and upper middle income countries and countries in transition: prioritizing low income populations or highly affected
- Low priority of countries with low epidemic levels is resulting in reduced resource allocation for prevention