

*Meeting on Coordinated Support for HIV
treatment in the WHO European Region*

Meeting report

31 October 2013

Istanbul, Turkey



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Meeting on coordinated
support for HIV treatment
in the WHO European
Region

Istanbul, Turkey, 31 October 2013

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ABSTRACT

In July 2013, the World Health Organization released the “Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection” (available online at: <http://www.who.int/hiv/pub/guidelines/arv2013/download/en/index.html>). In addition to clinical topics, operational recommendations have also been made on different modalities of service delivery as well as programmatic guidelines to assist countries and partners with their decision-making. The new guidelines expand eligibility criteria for antiretroviral therapy and increase the number of people living with HIV who need it under the new criteria.

A regional technical consultation on the dissemination of the consolidated guidelines in 12 eastern Europe and central Asian countries was held in Turkey from 29 to 31 October 2013. Immediately following that event, a meeting was held on 31 October 2013 to address the issue of coordinated support to national HIV treatment programmes, including access to services for key populations. The presentations and discussions from the meeting are presented in this report.

Keywords

AIDS
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List of abbreviations and acronyms

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CD4	T-lymphocyte cell bearing CD4 receptor
EECA	Eastern Europe and central Asia
HIV	Human immunodeficiency virus
PEPFAR	President's Emergency Plan for AIDS Relief
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

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Introduction

The World Health Organization (WHO) regional technical consultation on the dissemination of the *2013 WHO Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection* in eastern European countries took place in Istanbul, Turkey, 29-31 October 2013. Using the opportunity of having key actors and partners gathered, the WHO Regional Office for Europe, jointly with the UNAIDS Regional Support Team and the Global Fund to Fight AIDS, Tuberculosis and Malaria (“Global Fund”) eastern Europe and central Asia Team, convened a second meeting on 31 October 2013. This half-day meeting, under the chairmanship of the United Nations Secretary General’s Special Envoy on HIV/AIDS in eastern Europe and central Asia, focused primarily on the issue of a coordinated support to national HIV treatment programmes, including access to services for key populations in the WHO European Region.

Objectives and expected results of the meeting

The objectives of the 31 October half-day meeting were to:

1. Discuss country expectations with regard to coordinated support from WHO, UNAIDS and other technical partners for scaling up HIV treatment;
2. Discuss priorities (geographical, population-specific, and thematic) for policy support for increased ownership in the Region;
3. Discuss mechanisms for coordinating and delivering HIV technical and policy support from United Nations partners; and
4. Discuss and agree upon steps in the provision of and funding for coordinated support addressing the role of United Nations and other technical partners and donors.

(See Annex 1 for the full scope and purpose of the meeting, as well as Annex 2 for the meeting programme.)

The following results were anticipated:

1. Countries present expectations with regard to support from United Nations partners for scaling up HIV treatment.
2. Geographical, population-specific, and thematic priorities for United Nations support to HIV national treatment programmes in the Region are agreed.
3. Mechanisms for coordinating and delivering required support from United Nations partners are discussed.
4. Participants of the meeting are informed on the HIV treatment scale-up (WHO consolidated guidance), Treatment 2015, the strategic investment framework and the Global Fund strategy for the Region.
5. Next steps in the funding and provision of coordinated support to national HIV treatment programmes and policy support are agreed.

Participants

The meeting had 22 participants, including representatives of 12 countries¹ along with the representatives of the WHO Collaborating Centre for HIV and Viral Hepatitis (Copenhagen HIV Programme); the Global Fund; UNAIDS; UNICEF; the US Centers for Disease Control and Prevention;

¹ Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan

and WHO headquarters, European Office and Country Offices. (See Annex 3 for the final list of participants.)

Meeting summary

At the meeting on coordinated support for HIV treatment, the view was clearly expressed by multiple speakers and participants that it is essential for international organizations to work together and be seen as one coordinated entity. They share many common objectives, plans, strategies and goals, including for example Millennium Development Goal 6.

The point was expressed that the lack of services in eastern Europe and central Asia (EECA) for key populations such as people who inject drugs is cause for major concern. Further, current levels of funding for HIV prevention, treatment and care were said to be insufficient and plans for the sustainability of services were said to be inadequate. This session served as an opportunity to discuss priorities for United Nations support. It was observed that support from international agencies does not need to merely be technical.

Discussion

It was noted that international agencies such as those of the United Nations as well as the Global Fund to Fight AIDS, Tuberculosis and Malaria are in a unique position to provide leadership that national governments will respect and to use their status to advocate for HIV issues. Other key areas where international agencies can play a central role were thought to include the following:

- Intellectual property rights, for example with regards to generic drugs;
- Technical assistance and advocacy relating to the issue of sustainability, including how to increase government spending on antiretroviral therapy (ART), particularly in a context where the Global Fund is reducing or eliminating its support;
- Scaling up testing for key populations such as labour migrants, with greater efforts to reach vulnerable groups within this population;
- Organizing interactions between government agencies in a particular country as well as establishing linkages with nongovernmental organizations, which have an active role in many countries;
- Providing training to laboratory staff, including training on equipment that is in-country but under-used;
- Analysing current programmes;
- Integrating services such as HIV, tuberculosis (TB) and opioid substitution therapy; and
- Providing support on the implementation of recommendations – not merely their development.

Funding was said to be the major issue for almost all countries. It was observed that some countries are completely reliant on donor support.

Regarding price reductions for ART, it was noted that countries review prices and see that in some instances lower prices have been obtained by particular groups. The observation was made that the United Nations can carry out price monitoring and help coordinate reduced prices. WHO has a global price recording database that is publicly accessible, and the Global Fund captures similar information. The point was made that civil society can play a watchdog role with regards to the accuracy of pricing figures, which are not always clear with regards to matters such as overhead costs. It was noted that it would be useful to have amounts calculated per treatment line or product.

A representative from Georgia noted that the top priority is to increase coverage among key populations. There is now a working group comprised of decision-makers, key populations and people living with HIV.

A representative from the Russian Federation noted that while it would be feasible to implement the changes arising from the consolidated guidelines, HIV prevention is underdeveloped in that country. Representatives of some countries noted that if the Global Fund ends financial support, they hope their countries can still benefit from discounted prices negotiated as part of Global Fund grants. In addition, the view was expressed that more antiretroviral (ARV) drugs need to be registered in the countries, including adding them to the essential medicines list. It was thought that WHO pre-qualification of drugs needs to be reviewed, and that the quality of ARV drugs currently in use needs to be reviewed as well.

Although the following key issues are cross-cutting in nature, it was thought to be important for these issues to be addressed on a country-by-country basis:

- The need to support countries conducting their own political advocacy, leveraging the supranational status of international agencies to assist in this work;
- Advocacy for sustainability and support to build plans for the transition period, based on analyses of the epidemic, the needs, and modelling;
- Prices of drugs and procurement in countries not benefitting from Global Fund support, as well as the legality of branded and/or generic drugs used in certain ART combinations;
- Prevention to reach key populations and help deliver the WHO/UNAIDS/United Nations Office on Drugs and Crime comprehensive package of interventions for people who inject drugs;
- Support to help build better coalitions between government and civil society, overcoming the widespread absence of mechanisms for government to fund civil society;
- Mutual accountability between government and civil society, along with a clear delineation of how civil society should be involved in decision-making and programme design; and
- Human resources and training

The Global Fund reported that a new regional grant has been approved for six countries. The Eurasian Harm Reduction Network is the principal recipient. It was pointed out that a compendium on how to scale up efforts to reach key populations should be developed as part of the grant project.

It was noted that PEPFAR has fewer funds in eastern Europe but supports Global Fund grants. There has been support for HIV surveillance, TB and advocacy for programmes in the region.

It was reported that UNAIDS would work on coordination and advocacy, and increasingly on treatment issues. Increasing domestic resources was said to be a primary goal as a component of sustainability plans. UNAIDS can also assist in the development of transition plans and in targeting activities to reach key populations.

Regarding the role of WHO, it was noted that the recommendation to increase the CD4 threshold for initiating ART to 500 cells/mm³ provides an opportunity to discuss treatment in general as well as particular programmatic issues. The observation was made that the guidelines are a tool that can be used in broader discussions about HIV programmes in countries. WHO can help bridge the gap

between governments and civil society. Advocacy was thought to be needed for resources to reach people normally not reached, as well as for quality services.

It was observed that WHO can help countries develop strong investment cases to secure financial support. WHO can provide technical/programmatic input in the form of national consultations to adapt guidelines and address what this means in terms of services. Support in areas such as hepatitis, TB and harm reduction was also said to be available from WHO. This was thought to be an opportunity to “go beyond HIV.” The view was expressed that a follow-up event would be useful for examining progress on guideline adaptation.

It was observed that WHO Europe will continue to work with countries on treatment as well as working with them on estimations including those relating to risk populations and treatment needs. The view was expressed that each country needs to set realistic ART goals by 2015. It was noted that CHIP, at Copenhagen University, the new WHO collaborating centre on HIV and viral hepatitis, was expected to play a key role in the implementation of the consolidated guidelines. Countries were encouraged to continue to identify potential problems with implementing the recommendations. WHO representatives reported that they were ready to work with them to make the needed changes.

Annex 1: Scope and purpose of the meeting

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE



WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Meeting on coordinated support for HIV treatment in the WHO European Region

Istanbul, Turkey
31 October 2013

22 October 2013
Original: English

Scope and purpose

Background

In June 2011, at the United Nations High Level Meeting on AIDS, Member States committed to increase access to antiretroviral therapy (ART) so that 15 million people living with HIV (PLHIV) in low and middle income countries are receiving life-saving treatment by 2015¹. Member States also committed to halving the transmission of HIV among people who inject drugs. Although countries in Eastern Europe and Central Asia (EECA) have made universal access to ART a high priority and indicate progress in scaling up access in recent years, estimated regional treatment coverage is 30% of those in need and remains among the lowest in the world². Although many European Member States are implementing a comprehensive harm reduction package of interventions for drug users³, coverage of interventions is extremely low in most countries in the east of the Region and drug injection related transmission is driving many national epidemics. The population groups most affected by the HIV epidemic are people who inject drugs and their sexual partners, prisoners, labour migrants, as well as sex workers and men who have sex with men. AIDS-

¹ Resolution 65/277 adopted by the General Assembly. Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV/AIDS. New York, United Nations, 2011

<http://daccess-dds-ny.un.org/doc/UNDOC/LTD/N11/367/84/PDF/N1136784.pdf>

² UNAIDS report on the global AIDS epidemic 2013 http://www.who.int/hiv/pub/progress_report2011/en/

³ WHO, UNODC, UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users. Geneva, World Health Organization, 2009
http://www.who.int/hiv/pub/idu/idu_target_setting_guide.pdf

related mortality in EECA has been increasing⁴, indicating poor access to life-saving ART and a need to improve national HIV/AIDS treatment and care programmes.

The European Action Plan on HIV/AIDS 2012-2015⁵ commits European Member States to ambitious Regional goals and targets, including universal access to HIV treatment and halving new infections acquired through injecting drugs by 2015. The recent launch of a new funding model for the Global Fund; with the availability of resources for countries in Eastern Europe and Central Asia, have facilitated the development of a Regional Global Fund strategy and investment framework on HIV/AIDS.

The Global Fund's investment priorities for the Region are scaling up access to HIV antiretroviral treatment for those population most at risk and comprehensive services for people who inject drugs. Finally, the WHO "Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV Infection"⁶ have expanded eligibility criteria for ART and increased the number of PLHIV who need it under new criteria. Treatment 2015 provides a results-driven framework to expedite and greatly expand treatment coverage⁷.

The Istanbul meeting on coordinated support for HIV treatment in the WHO European Region

The WHO Regional Office for Europe is convening a Regional technical consultation in Istanbul 29th-31st October on the dissemination of consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection for national counterparts who are involved in organization and provision on HIV treatment and care in twelve Eastern European and Central Asian countries (ARM, AZE, BLR, GEO, KAZ, KGZ, MDA, RUS, TKM, TJK, UKR and UZB) and Turkey.

Using the opportunity of having key actors and partners gathered, the WHO Regional Office for Europe, jointly with the UNAIDS Regional Support Team and the Global Fund Eastern Europe and Central Asia Team are convening a meeting under the chairmanship of the UN Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia primarily on coordinated support to the national HIV treatment programmes including access to services for key populations in the WHO European Region.

The meeting will be framed primarily by treatment scale up and dissemination of the new WHO consolidated guidance but also Treatment 2015, the Strategic Investment Framework and the Global Fund regional strategy on HIV/AIDS for EECA developed with key UN and other partners in the Region. This particular meeting is planned for half a day as a "side-event" of the WHO Europe Regional technical consultation on the dissemination of

⁴ HIV/AIDS Surveillance in Europe 2011 ECDC/WHO:

http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=1009

⁵ European Action Plan for HIV/AIDS 2012-2015 <http://www.euro.who.int/en/what-we-do/health-topics/communicable-diseases/hiv/aids/publications/2011/european-action-plan-for-hiv/aids-20122015>

⁶ Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection:

<http://www.who.int/hiv/pub/guidelines/arv2013/download/en/index.html>

⁷ UNAIDS Treatment 2015 JC2484/1/E

consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection on the afternoon 31st October. Country representatives from that consultation will be given the opportunity to express their expectations for assistance in scaling up treatment.

Objectives

1. Discuss country expectations with regard to coordinated support from WHO, UNAIDS and other technical partners for scaling up HIV treatment
2. Discuss priorities (geographical, population-specific, and thematic) for policy support towards increased ownership in the Region
3. Discuss mechanisms for coordinating and delivering HIV technical and policy support from UN partners
4. Discuss and agree steps in the provision and funding for coordinated support addressing role of UN and other technical partners and donors

Expected results

1. Countries present expectations with regard to support from UN for scaling up treatment
2. Geographical, population-specific, thematic area priorities for UN support to HIV national treatment programmes in our Region are agreed
3. Mechanisms for coordinating and delivering required support from UN discussed
4. Participants of the meeting are informed on treatment scale up (WHO consolidated guidance), Treatment 2015, the strategic investment framework and the Global Fund strategy for the Region
5. Next steps in funding and provision of coordinated support to the national HIV treatment programmes and policy support are agreed

Participants

- National counterparts from 12 Eastern European and Central Asian countries (ARM, AZE, BLR, GEO, KAZ, KGZ, MDA, RUS, TKM, TJK, UKR and UZB) and Turkey at level of Ministry of Health (or managers of the National HIV/AIDS Programmes)
- UN Secretary General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia (Chair)
- Representatives of:
 - WHO Regional Office for Europe
 - WHO Headquarters
 - UNAIDS Regional Support Team
 - Global Fund Eastern Europe and Central Asia Team
 - UNICEF
 - CDC
 - WHO Collaborating Centre on HIV and Viral Hepatitis

Estimated number of participants:

Venue and dates

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31 October 2013

Language

English and Russian, with simultaneous translation

Annex 2: Programme



**Meeting on coordinated support for HIV treatment in the WHO European Region
Istanbul, Turkey, Thursday, 31 October 2013
Final Programme**

Thursday, 31 October		
12:15 – 13:00	<i>Lunch</i>	
13:00 – 13:15	Welcome remarks and introduction of the Chair Chair's remarks Objectives and expected outcome Introduction of participants	Martin Donoghoe WHO Regional Office for Europe Michel Kazatchkine, UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia
13:15 – 14:30	Tour de table – country expectations for assistance	
	(1) Armenia, Azerbaijan Belarus Georgia Kazakhstan Kyrgyzstan Republic of Moldova	(2) Russian Federation Tajikistan Turkey Turkmenistan Ukraine Uzbekistan
14:30– 15:15	WHO, UNAIDS, Global Fund and other technical partners respond Treatment scale-up (WHO consolidated guidance) Treatment 2015 initiative and the strategic investment framework Global Fund regional strategy	Gottfried Hirschall, WHO HQ Jean Elie Malkin, UNAIDS EECA RST Nicolas Cantau, The Global Fund US Centers for Disease Control and Prevention Others
15:15-15:30	Summary and closing remarks	Michel Kazatchkine, UN Secretary General Special Envoy on HIV/AIDS in Eastern Europe and Central Asia
16:00	<i>Tea/coffee</i>	

Annex 3: Participants list

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**Meeting on coordinated support for HIV
treatment in the WHO European Region**

Istanbul, Turkey, 31 October 2013

**21 November 2013
Original: English**

Final list of participants

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