HIV testing and treatment in the Eastern Mediterranean Region

2017 data

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HIV/Hepatitis/STIs - WHO/EMRO
1. Distribution of PLHIV in the Region
2. Progress towards 90-90-90 targets
3. Regional HIV cascade
4. Gaps in HIV testing and treatment
5. Opportunities
6. WHO priorities
Disproportionate distribution of PLHIV and of new infections (2017)

- **PLHIV**
  - Iran: 150,000 (43%)
  - Egypt: 60,000 (17%)
  - Somalia: 51,000 (15%)
  - Morocco: 42,000 (12%)
  - Pakistan: 20,000 (6%)
  - Sudan: 11,000 (3%)
  - Rest of the EMR: 60,000 (17%)

- **New Infections**
  - Iran: 12%
  - Egypt: 13%
  - Somalia: 56%
  - Morocco: 13%
  - Pakistan: 12%
  - Sudan: 6%
  - Rest of the EMR: 13%
Moving towards 90-90-90 WHO-EMR (2015-17)

- **1st 90**: PLHIV who know their status (%)
  - 2015: 33%
  - 2016: 34%
  - 2017: 34%

- **2nd 90**: People on ART among those who know their status (%)
  - 2015: 42%
  - 2016: 48%
  - 2017: 54%

- **3rd 90**: People virally suppressed among those on ART (%)
  - 2015: 68%
  - 2016: 65%
  - 2017: 81%

*Data from WHO-EMR (2015-17)*
Regional HIV Cascade (2017)

- PLHIV: 350,000
- Diagnosed: 121,000 (34%)
- PLHIV receiving treatment: 64,900 (18%)
- Virally suppressed: 52,000 (15%)
HIV testing in the “wrong” population groups

Key populations:
- STI, ANC, TB
- Sexual contact of AIDS
- In-migrants
- Out-migrants
- Premarital tests
- Prisoners
- Suspected AIDS patients
- Clients of VCT
- Non-injecting drug users
- Other

People tested 7,579,483.00

PLHIV identified: 11,759
Disproportionate case identification efficiency

Gaps explained

PLHIV who know their status

- Bahrain: 76%
- Kuwait: 72%
- Morocco: 69%
- Qatar: 68%
- Egypt: 51%
- Iran: 41%
- Afghanistan: 34%
- Sudan: 27%
- Pakistan: 15%
Limited HIV testing among key populations

Gaps explained

82 sexual partners of PLHIV tested

Testing coverage (7 countries) - sex workers
- Size estimate: 979,200
- Number tested: 52,275

Testing coverage (7 countries) - MSM
- Size estimate: 1,586,500
- Number tested: 34,666

Testing coverage (6 countries) - PWID
- Size estimate: 161,200
- Number tested: 18,286
Limited coverage of ART

Gaps explained

ART coverage in selected countries 2017

- Kuwait: 64%
- Lebanon: 61%
- Morocco: 57%
- Qatar: 54%
- Bahrain: 45%
- Tunisia: 31%
- Somalia: 28%
- Djibouti: 27%
- Egypt: 24%
- Iran: 19%
- Sudan: 15%
- Pakistan: 8%
Gaps explained

Late diagnosis, sub-optimal linkage to care and initiation of ART

17,969 newly diagnosed

12,948 newly started on ART
### Suboptimal retention in treatment

#### Gaps explained

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<th>Country</th>
<th>% of PLHIV with HIV known to be on ART 12 months after starting</th>
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0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Gaps explained

Varied quality of services

5 countries reported stock-out of medicines (and a 6th we know of)

16.1% had at least one viral load test

32.4% PLHIV on ART had at least one CD4 test

Very limited use of DTG in first and 2nd line treatment
Summary

• 85% of PLHIV are in 5 countries and 88% of new infections are in 4 countries
• Steady progress in country responses, however slow
• Gaps remain at all steps of the cascade
• Biggest gap remains in case finding
• Missed opportunities with partners of PLHIV, key populations and other population groups with potentially higher prevalence of HIV
• New opportunities with innovations in testing, treatment and care
Opportunities in innovations

• Safer, less toxic, more effective and less prone to HIVDR ARVs (New WHO guidelines)

• Innovation in HIV testing: HIVST reaching where conventional programmes are not reached

• Innovation in EID and VL testing: multi-disease PoC testing devices, allowing scale-up, integrated management of co-infection, task sharing, maximizing efficiency, etc.
WHO priorities

• UHC is at the core of our work
• Focus on people-centered outcome: More PLHIV know their status and receive ART
  • Scaling up testing and increasing efficiency in case identification
  • Improving linkage to care and alleviating barriers to ART initiation
  • Improving quality of ART services and retention in care
• Differentiated technical support:
  • Tier 1: Countries with highest burden: Iran, Pakistan, Sudan, Morocco
  • Tier 2: Countries with relatively high burden/fast growing: Egypt, Somalia
  • Tier 3: Countries with low burden (only based on request)

“UHC is the WHO’s top priority, and is central to everything we do”
WHO work to address gaps

• Strategic information, patient monitoring and use of data for improving access (Test-Treat-Retain cascade assessment)

• Strategic scale up of testing services: Partners, KP, TB patients, index conditions, etc.

• Innovative testing using HIVST

• Integrated use of diagnostic devices (GenXpert)

• New models of service delivery (differentiated testing, linkage and treatment service delivery, decentralization, integration, etc.) to address linkage to and retention in care
Thank you