TRANSLATING HIV SCIENCE INTO PRACTICE IN THE MENA REGION

EXPERTS AND IMPLEMENTERS MEETING

Lebanon, 30 June 2019
Rapporteur summary

Key recommendations and priorities from the post-AIDS 2018 workshop and the symposium

Michele Mocadie, AUB and Mohamad Khalife, AUB
HIV Care in conflict settings - MER Experience
HIV Care in conflict settings- MER Experience

- Factoring HIV into disaster preparedness and response planning is key.
- Keep it simple at the initial phase
- Be innovative
- Adapt continuously to leave no one behind
HIV and people who inject drugs
HIV and people who inject drugs

- Comprehensive sexual education
- A comprehensive Harm reduction package of safe sex and safe injection i.e Comprehensive Care Centers
- Promotion of condom use
- Access to services (also in prison settings such as Opioid substitution Therapy)
- International NGOs collaboration for sustainability and MOH coordination
HIV and people who inject drugs

• Advocacy to decriminalize

• Laws for discrimination

• Sensitizing leaders to change the laws

• Awareness for the general public

• Gender sensitive programs for females

• Role of key populations and PLHA in spreading information
HIV in prison and close setting
HIV in prison and close setting

**Issues:**

- Lack of collaboration between different sectors (ministry of health, justice and NGOs)
- Lack of human rights approach
- Lack of health services including HIV/AIDS in prison
HIV in prison and close setting

- Stigma, lack of knowledge among prisoners about their rights
- Lack of reporting from staff to MOH
- More punishment and less public health approach
HIV in prison and close setting

**Solutions:**

- Prioritize HIV as public health issue, not punishment
- Comprehensive services
- Collaboration between prison staff, NGOs and MOH
- Data and study/survey
HIV in prison and close setting

• Education for prison staff and community

• Connecting electronic medical records to prison medical records to ensure continuity of medical care.

• Linkage after release by governmental and non-governmental organizations

• Decentralization and generalization of availability of services in all prisons
HIV in female sex workers
HIV in female sex workers

- Comprehensive care
- Reach
- Network of support among health workers
- Rehabilitation
- Decriminalization
- Mobile outreach & decentralization of services
- Create an enabling environment (police & policy makers)
HIV in female sex workers

• Monitoring & evaluation through updating & evaluating programs

• Increase awareness of FSW

• Decrease stigma & discrimination from other KPs

• Include guidelines of care (psycho-social & mental health)
• Create a network of supporters among healthcare providers (medical & paramedical)

• Raise the age of consent/ascent to access services
HIV in female sex workers

• Strengthen staff training (privacy, confidentiality)
• Decriminalize abortion and develop the legal bases for safe abortions
• Friendly health care settings & drop-in centers
• Creation of shelter & referral to them
• Create job opportunities / raise soft skills
• Create an on-line support system for sexual health issues
• Video tokenism
• Increase meaningful involvement of FSW in decision taking
• Promote health rights
HIV in transgender population
HIV in transgender population

• Including trans-health in medical curriculum (diseases specific to after the transformation, hormone therapy….)

• Education of mental health workers on Transgender

• Sensitization of the media (decrease stigma)

• Inclusion of Trans population in decision making

• Empowering trans-communities to be involved in health care

• Laws related to identification

• WHO guidelines on transgender health to be integrated in system
HIV and the law: Employment, women and healthcare
HIV and the law: Employment, women and healthcare

Issue discussed

• Discrimination and stigma put on women in employment

• Access to healthcare for women in the MENA

• HIV status disclosure to female partners in the MENA region
How to reach key populations?
How to reach key populations?

Issue:

- Reaching out to LGBT population (different experiences in different MENA countries)
- Connecting with the youth
- Use of social media
Key messages from AIDS 2018 and other conferences
Key messages from AIDS 2018 and other conferences

• Testing and treating on the same day
• Prevention-TAF?
• Pregnancy-DTG signal waiting for new data
• 1st line drugs-Dual therapy
• 2ndLine drugs-DTG in VF and suppressed
• New drugs Doravirine and Fostemsavir
• Cure-BNABS and London
HIV testing and treatment in the Eastern Mediterranean Region
HIV testing and treatment in the Eastern Mediterranean Region

Issues:

• 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
HIV testing and treatment in the Eastern Mediterranean Region

Solutions:

• Safer, less toxic, more effective and less prone to HIVDR ARVs (New WHO guidelines)
• Innovation in HIV testing: HIVST reaching where conventional programs 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.
Current HIV trends and epidemiology
Current HIV trends and epidemiology

- Established but largely emerging HIV epidemics among PWID, MSM, and FSWs
- Increasing HIV trends + epidemic potential
- Urgency for prevention. Need to:
  - Expand HIV surveillance
  - Expand access to HIV testing, prevention, and treatment services
HIV Prevention and Pre-Exposure Prophylaxis (PrEP)
HIV Prevention and Pre-Exposure Prophylaxis (PrEP)

• Combined biomedical and behavioral strategies critical to end the transmission of HIV
• Treatment as Prevention and PrEP are key pillars of our prevention work.
• Future PrEP strategies focused on implementation: multimodal prevention, to the right people, at the right time
HIV as integral part of UHC and health system strengthening
HIV as integral part of UHC and health system strengthening

• How does HIV affect universal health coverage?
HIV and Viral Hepatitis
Brothers in Harm
HIV and Viral Hepatitis
Brothers in Harm

- Coinfections with hepatitis are common in PLWH
- Coinfections lead to mortality/morbidity in PLWH
- Lack of sterilizing HBV therapy necessitates life long therapy
- DAA’s pave the way to global HCV elimination
- Knowledge gap is a barrier in the care of patients
Management of TB/HIV co-infection: Challenges and Perspectives
Management of TB/HIV co-infection: Challenges and Perspectives

- TB/HIV coordinating bodies
- HIV surveillance among TB patient
- TB/HIV joint planning
- TB/HIV monitoring and evaluation
Prevention and Treatment of HIV-infection in Children
Prevention and Treatment of HIV-infection in Children

- If diagnose HIV infection in woman, please test all her children.
- Treat infected children as early as possible.
- Test all women during pregnancy, treat with ART starting early, and aim for RNA “undetectable” before delivery.
- Continue ART in mom, if breastfeeding
- Treat infant for 4-6 weeks post delivery
- Keep your eye out for new developments in long acting agents