





TRANSLATING HIV SCIENCE INTO PRACTICE IN THE MENA REGION

EXPERTS AND IMPLEMENTERS MEETING

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Rapporteur summary

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

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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 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



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- 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