

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>1 STAC congratulates WHO on the finalization, and adoption by the WHA, of the GHSSs. It urges <b>WHO to further strengthen focused support to countries, including supporting governments, key stakeholders and civil society, to translate those global strategies into costed and funded national action plans.</b> All national plans should include actions aimed to reduce the prices of key commodities for preventing, diagnosing and treating HIV and viral hepatitis in order to reach their respective 2020 and 2030 targets.</p>	<ul style="list-style-type: none"> <li>• WHO notes consistent HQ and regional office support to national strategic plan development and implementation in countries since 2017.</li> <li>• <b>For HIV</b>, this has involved leveraging <a href="#">USD 10 million country envelope allocations from UNAIDS</a> across 63 countries, targeted technical assistance to 70 countries, support to Global Fund applications in 93 countries and intensive engagement in PEPFAR COP processes.</li> <li>• <b>For hepatitis</b>, <a href="#">13 focus countries have benefited from intensified support</a> and developing/strengthening national plans and frameworks has been a key focus for the WHO Department of Global HIV, hepatitis and STI Programmes (HHS). In 2019 there were 90 national strategic plans or frameworks for viral hepatitis and 45 in development or I draft form. Many were developed with the direct support of WHO and/or in reference to WHO strategies, frameworks and guidelines. In 2019 the WHO HQ and the Southeast Asia Regional Office organized <a href="#">a workshop focusing on the costing of national hepatitis plans in the region</a>. Subsequently a number of countries further developed their plans including a number of fully costed plans. The approach is now being adopted in other regions and a costing module within the <a href="#">WHO One Health Tool</a> is planned for early 2021.</li> </ul>
<p>2 STAC acknowledges WHO's efforts and progress made related to HIV and viral hepatitis guidelines in recent years. Nonetheless, it is essential that WHO moves forward with regard to <b>supporting countries in the implementation of policies in the next five years.</b></p>	<ul style="list-style-type: none"> <li>• WHO consistently <a href="#">tracks national policy uptake in countries for HIV</a> and hepatitis and now STIs. Policy adoption and adaptation has been strong at national level.</li> <li>• More work is needed, with civil society and partners, to monitor and support effective policy implementation and ensure subnational compliance. <a href="#">Additional tracking has occurred on COVID-19 related service disruptions</a> and policy responses.</li> </ul>
<p>3 STAC recommends that WHO, within the context of delivering on the SDG Agenda, identify, with countries, key opportunities for <b>strengthened intersectoral collaboration as part of its broader support for expanded and sustainable HIV and viral hepatitis responses in countries.</b> These opportunities should be identified along all five Strategic Directions described in the GHSSs and should include leveraging resources in other sectors to support efforts to achieve HIV and viral hepatitis targets.</p>	<ul style="list-style-type: none"> <li>• Since 2017, the WHO Department of Global HIV, hepatitis and sexually transmitted infections Programmes (HHS) has strengthened intersectoral collaboration: in the context of the UNAIDS Joint Programme; new MoU arrangements with key UN partners including UNODC on issues related to harm reduction, crime and justice; providing leadership for a number of WHO-led intersectoral initiatives including the <a href="#">UHC 2030 Partnership</a>, <a href="#">The Global Action Plan on healthy lives and well-being</a>, and more recently, on multi-sectoral efforts focused on COVID-19 including the <a href="#">ACT-Accelerator</a> and in the context of the <a href="#">maintenance of essential HIV, hepatitis and STI services</a>.</li> <li>• The HHS department's <a href="#">interface with communities and civil society helps</a> ensure opportunities for intersectoral collaboration are considered.</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>4 STAC commends WHO's efforts and <b>progress made to integrate and link HIV, hepatitis, STIs and other areas to improve impact and efficiencies, and recommends that these activities continue</b>, in particular, in relation to vaccine development, vaccination strategies and infection prevention and control.</p>	<ul style="list-style-type: none"> <li>As part of the WHO transformation WHO's STI programme was co-located with HIV and hepatitis to form the HHS department in January 2020.</li> <li>WHO continues to work towards <a href="#">strengthening linkages and integration</a>, for example through the <a href="#">triple elimination of MTCT of HIV, syphilis and hepatitis B</a> and through the collaboration with colleagues from, immunization around implementation of <a href="#">HBV birth dose and childhood vaccination</a>, as well as, developing a set of <a href="#">priority product profiles for STI vaccines</a> and an investment case for STI vaccines. WHO would welcome further specific advice from STAC.</li> <li>The department has continuously engaged across WHO in developing the respective HIV, viral hepatitis and STI components of the WHO Universal Health Coverage (UHC) Compendium, for launch in December 2020, that will support strengthened integration of the disease areas in an overall UHC approach in countries.</li> </ul>
<p>5 STAC recommends that WHO implement specific steps at the global, regional and national levels to <b>better integrate activities in TB and HIV programmes to enhance appropriate management of co-infected individuals</b>.</p>	<ul style="list-style-type: none"> <li>At the global level the <a href="#">WHO Global TB Programme</a> (GTB) and HHS departments work closely including through dedicated staff with <a href="#">TB/HIV integration</a> roles and with guidance from a TB/HIV implementation technical working group which guides WHO in development of critical science, guidance and which has evolved into an effective TB/HIV implementation communities of practice.</li> <li>Focal points in countries and regions increasingly work across these disease areas.</li> <li>WHO coordinates its work in support of Global Fund investments across key departments including GTB and HHS.</li> </ul>
<p>6 STAC recommends that WHO advocate for and provide the evidence and strategic grounds for country and donor decision-making that would accelerate the end of the viral hepatitis and AIDS epidemics as public health threats. This should include <b>supporting the prioritization and scale-up of interventions in the context of achieving universal health coverage and planning for sustainable financing</b>.</p>	<ul style="list-style-type: none"> <li>WHO invested considerably in high-level advocacy throughout 2018-2019 to ensure strong links between ending epidemics and UHC, financing and programme sustainability.</li> <li>Actions included: <a href="#">convening a civil society and partners meeting on disease specific efforts and UHC in 2018</a>; the organization of a <a href="#">UNAIDS PCB Thematic session on UHC in 2019</a>; with support of the Netherlands supporting key population champions to engage in discussions related to the <a href="#">UHC political declaration</a>; co-organization of the multi-stakeholder consultation on UHC at the UN General Assembly.</li> </ul>
<p>7 STAC recommends that WHO policies and guidelines promote and <b>support the provision of integrated and/or linked testing</b></p>	<ul style="list-style-type: none"> <li>In 2019, WHO released new <a href="#">guidelines on HIV testing services (HTS)</a> which included eight new recommendations including a standardized testing strategy,</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>services, with common testing platforms as appropriate across different disease areas, including HIV, viral hepatitis, tuberculosis, sexually transmitted infections and relevant non-communicable diseases in order to expand testing coverage and uptake, improve quality and efficiencies, increase the yield of testing services and reduce costs.</p>	<p>use of a <a href="#">dual HIV/syphilis rapid test in antenatal care</a>, optimized retesting of pregnant women, demand creation approaches, updated counseling messages, HIV self-testing, social network approaches and partner notification, and transitioning away from western blotting.</p> <ul style="list-style-type: none"> <li>• There have been considerable challenges with <a href="#">maintaining essential HIV testing services due to COVID-19</a> and many countries have seen reductions in clients, number of positive diagnoses and ART initiations. Strategies to catch-up and address these gaps and adjust HTS delivery are essential to stay on track for global goals. <a href="#">HIV self-testing</a> has increasingly been promoted but challenges remain with implementation and limited supplies of HIVST kits at country-level. WHO HTS dashboards have highlighted key country data using modeling, programme and policy data and coordinating across partners. Strong support and coordination with Global Fund is underway to focus on addressing key testing gaps and maintaining high quality, efficient and effective services.</li> <li>• WHO has lead a cross-partner wide effort to build synergies across testing and diagnostic platforms via a Laboratory Synergy working group which as established guidance and a call to action to integrate testing and to maximize the use of <a href="#">multiplex platforms for HIV, hepatitis, TB, HPV, STI and other diseases</a></li> </ul>
<p>8 STAC notes with concern that conflict and social disruption in some regions of the world is leading to, among other things, the displacement and migration of large numbers of people. STAC recommends that <b>WHO, working with partners, develop approaches for jointly managing HIV, tuberculosis, viral hepatitis and other infectious diseases in emergency and conflict settings.</b></p>	<ul style="list-style-type: none"> <li>• The World Health Assembly adopted <a href="#">the 13<sup>th</sup> General Programme of Work (GPW13)</a> in May 2018. It includes three pillars: UHC; emergencies; and promoting healthier populations. While communicable diseases feature most strongly in the UHC pillar they also feature in the other two.</li> <li>• WHO participated in numerous thematic discussions on HIV and migration/emergencies including through UNAIDS. Strong regional programmes EURO and PAHO were launched since the last STAC in response to crises triggered in Syria and Venezuela.</li> <li>• In 2020 there has been considerable work on COVID-19 and HIV, hepatitis and STIs that is also described in the STAC background paper.</li> </ul>
<b>Delivering in countries for greatest impact</b>	
<p>9 Given the urgent need to accelerate progress towards ending the AIDS and viral hepatitis epidemics as public health threats, <b>STAC supports WHO's approach of increasingly shifting its technical and other support towards "downstream" actions that directly</b></p>	<ul style="list-style-type: none"> <li>• Guided by the GPW13 and a <a href="#">transformation agenda</a> WHO has been working to strengthen capacity in country offices. The HHS department has faced some challenges to maintain a strong three level presence as a result in funding shifts.</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>support country activities for adapting and implementing WHO HIV and viral hepatitis policies and guidelines.</p>	<ul style="list-style-type: none"> <li>In 2016 WHO received 17M a year un-earmarked funds through UNAIDS for country positions. This has now been reduced to around 5M in activity funds.</li> <li>Similarly, the US withdrawal from WHO has hit HHS significantly.</li> <li>Developing strategies to maintain three level capacity for HIV, hepatitis and STIs is a departmental priority. The Department estimates there are currently around 130 fixed term equivalent positions in countries working directly on the disease areas and around 35 in regional offices. Most HHS departmental work is focused on country action including through the development of global public health goods (GPHGs) to guide country work and/or ensuring appropriate political focus on the diseases.</li> </ul>
<p>10 STAC recommends that <b>WHO provide increased capacity building and other support to countries for developing and updating national policies and guidelines on HIV and viral hepatitis, by working with government, civil society and other stakeholders, as appropriate.</b> The STAC recommends that these activities be documented and reported to the next meeting of the STAC.</p>	<ul style="list-style-type: none"> <li>After the launch of the <a href="#">2016 consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection</a>, the Department carried out a series of workshops based on region and language to engage countries to discuss the new guidelines and critical issues to their implementation. Thereafter, this approach has become standard practice with new key guidelines. It has facilitated dialogue between WHO and national stakeholders. It has also enabled country needs in technical capacity and resources to be identified.</li> <li>The Department has also increased the use of webinars to disseminate new guidelines to countries and these have recently included the use of the ECHO platform supported by the University of New Mexico.</li> <li>Specific capacity building activities carried out since 2017 have included the following dissemination workshops on: HIV self-testing; pediatric treatment; PrEP; HBV, HCV, testing and treatment; services for key populations; and the use of disaggregated data to inform programmes. Webinars have been held on: HIV testing services; and, dolutegravir as a first-line option for HIV. <a href="#">The ECHO platform has been used to explore implementation of Voluntary Medical Male Circumcision.</a></li> <li>Direct technical support has been provided to 86 countries between 2018 and 2019 (in a range of areas on HIV, viral hepatitis and STI). The current status on adaption of key WHO guidelines among focus countries for HIV and viral hepatitis by July 2020 was as follows: 100% Treat All; 98% HIV self-testing; 82% DTG in first-line ART; 60% PrEP; 82% National hepatitis plans; 68% Hepatitis B and C testing; 92% HBV treatment and 100% HCV treatment</li> </ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>11 STAC recommends that <b>WHO pursue strong, direct engagement with civil society and community organizations, and support community strengthening</b> as key features of its actions at country level.</p>	<ul style="list-style-type: none"> <li>• WHO has significantly strengthened its work with communities and civil society since the last STAC with a number of <a href="#">new platforms and initiatives</a> launched by the Director-General.</li> <li>• HHS engagement with communities and civil society has been considerable and has chiefly focused on thematic issues including dolutegravir and ARV challenges, UHC, PHC and events like World Hepatitis Day.</li> <li>• In 2019 WHO convened <a href="#">an advisory group of women living with HIV</a> - the first fully community led advisory group to be convened at WHO.</li> <li>• The HHS Department has also supported WHO-wide initiatives to ensure community and civil society engagement in the COVID-19 response and in the elaboration and implementation of the <a href="#">Global Action Plan for healthy lives and well-being for all</a>.</li> <li>• HHS is now exploring strengthening support to community engagement at the country level especially in reference to the Global Fund Strategic Initiative on CRG and noting the work of the <a href="#">Engage-TB initiative</a>.</li> <li>• The department is developing an approach that clearly brings STIs into its focus and will be convening a formal Civil Society Reference group for HIV, hepatitis and STIs in 2021. <a href="#">A community consultation prior to the 2020 STAC-HIV/HEP took place on 16 October 2020</a>.</li> </ul>
<p>12 STAC recommends that WHO draw on relevant experiences gained in the public health approach taken with regard to HIV prevention, testing, care and treatment <b>to strengthen and accelerate the viral hepatitis response, including through differentiated care models</b>. Those experiences should include the task-shifting or task-sharing of hepatitis testing and treatment tasks, and the decentralization of certain hepatitis treatment services from hospital to primary health and/or community care settings.</p>	<ul style="list-style-type: none"> <li>• In 2018 <a href="#">WHO developed eight good practice principles for simplified hepatitis service delivery</a>, including integration, decentralization and task-shifting, that were included as a chapter in the <a href="#">2018 update of the WHO guidelines in care and treatment of chronic hepatitis C infection</a>.</li> <li>• In 2019 a systematic review of decentralization, integration and task shifting was undertaken. The comprehensive review of 142 studies was published in the journal Lancet Global Health and will form the main evidence base for formal WHO recommendations to be developed at a hepatitis C service delivery guidelines meeting planned for November 2020.</li> <li>• In 2018 WHO established a global initiative to collate good practices and lessons learned from various aspects of national viral hepatitis responses including strategic planning, financing, forecasting, price negotiation, health worker training, and community engagement. This was undertaken in collaboration with key partners – Clinton Health Access Initiative (CHAI), together with</li> </ul>

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20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<p>Médecins du Monde (MdM), Coalition Plus, US Centers for Disease Control (CDC), Médecins Sans Frontières (MSF), ECHO Programme, the University of Washington and other organizations.</p> <ul style="list-style-type: none"> <li>Lessons learned cover 14 topics in three key areas: <i>1. Planning the response:</i> political will; strong partnerships and champions; community mobilization and engagement; defining the epidemic (surveillance and modeling to inform strategies); Comprehensive and costed national plans; opportunities for diagnostic integration; making the investment case; and innovative financing options. <i>2. Driving the response:</i> Access and registration strategies for drugs and diagnostics; forecasting and quantification for supply management; optimizing procurement for drugs and diagnostics; simplified service delivery; integration with harm reduction among persons who inject drugs; training the workforce; <i>3. Evaluating the response:</i> Data monitoring systems.</li> </ul>
<p>13 STAC recommends that WHO provide <b>focused support to middle-income countries to perform national strategic planning and secure financing as they transition to greater reliance on domestic funding</b>. This support is vital to ensure continuity and expansion of HIV and viral hepatitis services, including addressing the needs of key populations and supporting community services.</p>	<ul style="list-style-type: none"> <li>WHO has provided focused support to a number of middle-income countries to apply appropriate TRIPs provisions and engage in negotiations with companies for favorable pricing of medicines and diagnostics for HIV and viral hepatitis.</li> <li>In 2018 WHO convened an inter-regional workshop on transitioning towards domestic financing in TB, HIV and Malaria programmes. The workshop brought together key stakeholders from middle-income countries to identify best practices in transitioning to domestic financing including services for key populations.</li> <li>In addition, some regional offices such as EURO and PAHO have provided focused support in national strategic planning which include strong element of transition to domestic financing.</li> </ul>
<p>14 STAC recommends that <b>WHO increase its support to countries for resource mobilization to fund and implement collaborative and/or integrated TB, HIV and viral hepatitis services</b>.</p>	<ul style="list-style-type: none"> <li>The new WHO division of UHC and communicable and noncommunicable diseases (UCN) works to ensure that TB, hepatitis and HIV including integration remain on the political agenda.</li> <li>The development of GPHGs at HQ level helps ensure the tools are in place to support countries to make the case for funding. HQ mobilizes funds to countries through work with partners including Unitaid, the Gates Foundation and UNAIDS.</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<b>Ensuring access to quality and affordable medicines, diagnostics and other commodities for HIV and hepatitis</b>	
<p>15 STAC recommends that WHO <b>support countries to develop access strategies for HIV and viral hepatitis medicines and diagnostics</b> to ensure no one is left behind in the HIV and viral hepatitis responses as part of a broader approach to secure UHC. STAC further recommends that WHO <b>provide greater support at international, regional and country levels to enable countries to overcome intellectual property and other barriers to affordable drugs and diagnostics</b> to avoid people being denied access to HIV and viral hepatitis testing, treatment or care.</p>	<ul style="list-style-type: none"> <li>• At the Global level, WHO convenes manufacturers, partners and countries annually to promote access and to develop coordinated market forecasts for ARVs and diagnostics, and new areas including PrEP, self-testing, and updates on hepatitis diagnostics and treatments.</li> <li>• In addition to strengthening hepatitis C access, WHO has produced annual reports on access to hepatitis C diagnostics and treatment, include price trends and country profiles. WHO HQ has strengthened country participation in these meetings while strengthening Procurement and Supply Chain support to regions and countries, and to support Global Fund grants. This work has been coordinated with TB and malaria.</li> <li>• Finally, WHO has begun to develop routine tools for national and district level quantification and drug and diagnostic tracking including of drug wastage, stuck outs and drugs dispensed per health visit (multi month dispensing). This strengthens our country and sub national access work.</li> </ul>
<p>16 STAC recommends that WHO <b>strengthen strategic collaboration between the WHO HIV Department and the WHO Essential Medicines and Health Products Department (EMP)</b> to prioritize and accelerate prequalification of key medicines and diagnostics for HIV and viral hepatitis and, facilitate the availability of those commodities to all who need them.</p>	<ul style="list-style-type: none"> <li>• The new WHO Division of Universal Health Coverage, Communicable and Non/communicable diseases (UCN) has worked increasingly closely with EMP on access issues including in light of COVID-19 impact on HIV, hepatitis and STIs.</li> <li>• Actions undertaken since the last STAC include: <a href="#">a focus on expanding access to hepatitis C treatment</a>; HHS has worked closely with EMP to host manufacturers, partners and countries, and develop forecasts for drugs and diagnostics. WHO has also coordinated in country support through WHO regions and countries, including for COVID-19 related drug and diagnostics interruptions.</li> </ul>
<b>HIV Stream</b>	
<p>17 STAC <b>commends WHO for its excellent work in developing the set of consolidated guidelines for HIV (on strategic information, HIV testing services, the use of ARVs and comprehensive services for key populations)</b> and for complementing the guidelines with implementation guidance and support.</p>	<ul style="list-style-type: none"> <li>• Since the last STAC, several of the consolidated guidelines were updated including the <a href="#">Consolidated Guidelines on HIV testing</a> (new recommendations for Self-testing, dual HIV/Syphilis testing and assisted partner notification), and modular updates to the <a href="#">Consolidated Guidelines on treatment</a> including use of DTG in first line for adults, adolescents, children and women of child bearing age, rapid initiation of ART, Advanced HIV disease package, cryptococcal and histoplasmosis screening and management.</li> <li>• In April 2020, the updated <a href="#">HIV Strategic Information guidelines</a> on aggregate data were launched. These include recommended priority indicators for use in</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<p>programme management and monitoring, and advanced guidance on routine cascade data analysis and use for programme improvement.</p> <ul style="list-style-type: none"> <li>In the current biennium, HHS plans to update guidelines on <a href="#">person-centred patient monitoring and case surveillance</a> and, for the first time, to fully consolidate these with the HIV SI guidelines, thus stream-lining WHO guidance on individual-level and aggregate data and all related data use cases. In addition, HHS will soon launch an HIV case surveillance data use package including a configuration of DHIS2/Tracker and reference analytics dashboards that will facilitate implementation of standards-based case surveillance functionality.</li> </ul>
<p>18 STAC endorses WHO’s efforts to use its convening role among the main HIV partners <b>to better align key HIV indicators, and recommends further emphasis on coordination and alignment at country level, including through the use of the core, common set of indicators</b> outlined in the Consolidated Strategic Information Guidelines by all key partners.</p>	<ul style="list-style-type: none"> <li>As part of the HHS efforts to update and further consolidate HIV data guidelines, as described above, HHS is working closely with colleagues in the Digital Health and Innovation Department and Quality Norms and Standards to develop “smart” HIV guidelines, including a digital accelerator kit and computable guidelines. These products are anchored to the updated SI guidelines, which reflect priority indicators that have been maximally aligned with other major global M&amp;E frameworks such as the UNAIDS GAM survey, Global Fund modular framework, and PEPFAR MER. In addition, this detailed, standards-based content will facilitate data exchange and health information system interoperability and will promote alignment of key data within and across countries, and facilitate programme and response monitoring at sub-national, regional and global levels.</li> </ul>
<p>19 STAC applauds WHO’s <b>rapid translation of new evidence on HIV treatment, testing and prevention into consolidated policy guidance, including for universal, early treatment and pre-exposure prophylaxis</b>, and notes the rapid country-level policy adoption of WHO’s 2015 HIV treatment guidelines.</p>	<ul style="list-style-type: none"> <li>Since the last STAC there have been further updates to consolidated treatment guidance including related to the use of dolutegravir in first line regimens and expanded recommendations on PrEP use, including during pregnant/breastfeeding women, and through an event driven approach.</li> <li>More than 25 million people are currently receiving HIV treatment globally. <a href="#">By mid-2020, 96% of 137 LMICs were following HIV treat all guidance</a> and 77% have included DTG in 1st line regimens. All 35 HIV fast track countries have adopted Treat All and DTG transition policies.</li> <li>Overall, the <a href="#">number of people using PrEP continues to increase</a> despite slowdowns caused by COVID-19, reaching 57% of the global PrEP target.</li> </ul>
<p>20 STAC notes with concern that treatment access remains unacceptably low in some countries and particularly for key</p>	<ul style="list-style-type: none"> <li>WHO has strengthened its technical capacity to ensure collaborated with the International AIDS Society to develop key considerations for differentiated ART</li> </ul>



## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation		WHO Actions
<b>Cross-cutting Issues</b>		
	populations. It requests <b>WHO continue to advocate for universal treatment access and focus enhanced technical and other support on removing the remaining policy and implementation gaps and other factors that are holding back achievement of universal access to HIV treatment.</b>	<p>delivery for key populations; continues to monitor uptake of WHO recommendations related to HIV treatment service delivery for key populations (decentralized to key population community based organizations and task shifting to key population peers).</p> <ul style="list-style-type: none"> <li>Updated ART and Key populations guidelines further address the need for specific approaches to ensure key populations are linked to treatment and retained.</li> </ul>
21	STAC notes with concern the low coverage of viral load testing in most countries and encourages <b>WHO to provide countries with guidance and support for expanding viral load monitoring and the appropriate use of these data for monitoring trends in viral suppression rates and individual patient care.</b>	<ul style="list-style-type: none"> <li>By <a href="#">mid-2020, 72% of LMICs has implemented country wide routine viral load monitoring</a> policy. However effective access to viral load testing has been challenging in many settings with limited structure, and the recent introduction of DTG as a preferred 1st line agent has led to reconsideration of viral load algorithm and related recommendations.</li> <li>To mitigate these challenges, Integration of lab platforms and inclusion of point of care technologies has been promoted, as they can improve test turnaround times, viral suppression rates, and retention. Current viral load monitoring recommendations were updated at the end September 2020, as part of the process to update the WHO consolidated HIV guidelines.</li> </ul>
22	STAC commends WHO's activities to <b>strengthen the surveillance and control of drug-resistant tuberculosis, which is also an increasingly important cause of morbidity and mortality in HIV-infected individuals.</b> It notes with concern the omission of tuberculosis antimicrobial resistance in the WHO list of priority pathogens for action to tackle resistance. STAC calls on WHO to immediately reconsider this decision and include Mycobacterium tuberculosis in the list of priority pathogens requiring urgent action.	<ul style="list-style-type: none"> <li>The WHO Global TB Programme (GTB) continues to host the largest and oldest AMR surveillance project globally (Global Project on Anti-TB Drug Resistance, in operation since 1994), publishing data annually in the <a href="#">WHO Global TB Report</a>.</li> <li>In recognition of the importance of integration and comprehensive monitoring of resistance across the various pathogens, the new division of AMR had broadened the focus of <a href="#">World Antimicrobial Awareness Week</a> planned in Nov 2020 to include resistance to HIV, TB and Malaria as well as other pathogens.</li> <li>In addition, the latest report on the <a href="#">Global Antimicrobial Resistance and Use Surveillance System (GLASS) 2020</a> includes country data on TB, HIV and Malaria resistance, resulting in a more coherent and comprehensive data reporting system.</li> <li>At the <a href="#">73rd Session of the World Health Assembly (2020)</a>, member states adopted the Global Strategy for TB Research and Innovation which calls for investment into strategies and tools for combatting drug-resistant TB.</li> </ul>
23	STAC notes that WHO is in the process of <b>launching a global action plan on HIV drug resistance that will be linked to efforts</b>	<ul style="list-style-type: none"> <li>The HHS Department successfully launched the <a href="#">Global Action Plan on HIVDR</a> which mirrors the strategic objectives of the AMR Global Action Plan, and has</li> </ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation		WHO Actions
<b>Cross-cutting Issues</b>		
	to manage drug-resistant tuberculosis and other antimicrobial resistance. STAC encourages WHO to play a strong convening and coordinating role in the implementation and monitoring of this action plan.	<p>supported its implementation in more than 25 countries. <a href="#">A summary of the progress</a> made was published in 2018. The department established five working groups charged to support different strategic objectives of the GAP.</p> <ul style="list-style-type: none"> <li>• Since the launch of the GAP (2017), 31 national surveys of pre-treatment HIVDR, 49 surveys of acquired HIVDR. Findings from national surveys were published on the <a href="#">WHO Global Report of HIVDR</a>.</li> <li>• The WHO HIVDR Laboratory Network has expanded to 33 laboratories globally designated by WHO to test HIVDR on plasma and DBS, including testing integrase region of the pol gene.</li> <li>• The updated HIV Drug Strategy will be launched in Q4 2020, including new methods for HIVDR surveillance in PreP users.</li> </ul>
24	STAC recommends that <b>WHO strengthen country-level support for preventing, diagnosing and treating paediatric tuberculosis in children coinfected with HIV</b> , noting the limited capacity in many low- and middle-income countries to reliably diagnose paediatric tuberculosis.	<ul style="list-style-type: none"> <li>• WHO has enhanced work to address HIV-associated TB infection in children through various activities including, providing contribution to TB normative processes, updating of dosing recommendations for DTG co-treatment, developing a technical brief on advance HIV management for children and convening various dissemination webinars.</li> <li>• In collaboration with the Global TB Programme the HHS department has also contributed to pediatric drug and diagnostics optimization efforts for TB including through PADO-TB and Vatican high-level dialogue.</li> </ul>
<b>Addressing the prevention gap</b>		
25	STAC notes that while most of the priority countries in eastern and southern Africa have made strong progress in implementing VMMC programmes, uptake of this important intervention now appears to be slowing in some settings due to diminishing demand. <b>STAC recommends that WHO consider updating its implementation guidance for VMMC to include strategies to increase demand for VMMC.</b>	<ul style="list-style-type: none"> <li>• WHO notes this STAC recommendation yet suggest that the key challenge in recent years has been one of effective targeting rather than overall diminishing demand. This intervention needs to be targeted to men at higher risk of infection in generalized epidemics, and towards sustaining VMMC for older adolescents and young men along with other relevant health interventions.</li> <li>• Since the last STAC meeting <a href="#">WHO updated guidelines and recommendations to maximize the HIV prevention impact of safe VMMC services</a> and to guide the transition to sustained provision of interventions with a focus on the health and well-being of both adolescent boys and men.</li> <li>• WHO-prequalified male circumcision devices may be used as additional methods of male circumcision in the context of HIV prevention and in keeping with decisions whether to offer VMMC to adolescents ages 10 through 14 years. WHO guidelines also provide key considerations on the offer of VMMC to younger</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<p>aged adolescent (10-14 years); enhancing uptake among adult men including evidence-based reviews on person centered service delivery and economic compensation; and transitioning to sustainable services with a focus on adolescents.</p> <ul style="list-style-type: none"> <li>The COVID-19 situation has led to a suspension of VMMC in line with guidance from WHO: <a href="#">Maintaining essential health services: operational guidance for the COVID-19 context</a>. In June 2020 WHO recommended to suspend voluntary medical male circumcision campaigns but to continue with postoperative follow up. As countries plan for a post-COVID-19 context countries are advised to ensure facility site readiness (sufficient supplies, including PPE, and competency of health care workers) and restart with a focus on males aged 15 years and older. Run catch-up campaigns for males older than 15 years.</li> </ul>
<p>26 STAC commends WHO for its guidance on pre-exposure prophylaxis (PrEP) as part of a comprehensive prevention strategy. <b>It emphasizes that PrEP guidance for people who inject drugs should reflect the ongoing central importance of harm reduction services for this key population, and that PrEP should be promoted as a priority prevention intervention for MSM and for sex workers of all genders at increased risk as an element of comprehensive combination prevention.</b></p>	<ul style="list-style-type: none"> <li>WHO thanks the STAC on commending WHO for its guidance on pre-exposure prophylaxis (PrEP) as</li> <li>part of comprehensive prevention. Since the previous STAC, WHO continues to provide leadership to national PrEP programs in Latin America, Europe, Asia and Africa. In addition to promoting PrEP as a priority prevention intervention for MSM and for sex workers of all genders at increased risk as an element of comprehensive combination prevention, WHO also prioritizes promoting PrEP among adolescent girls and young women, most particularly in east and southern Africa.</li> <li>For people who inject drugs, WHO acknowledges the central importance of providing harm reduction services for this key population. However, we also note that people who drugs and are at risk for sexual transmission of HIV (e.g. Chemsex) should be included among priority populations to be offered PrEP. Sexual partners of people who use drugs should be included as well.</li> <li>Moving forward in 2021, WHO will be closely following upcoming biomedical prevention interventions, specifically the <a href="#">dapivirine vaginal ring</a>, long acting injectable cabotegravir and the dual prevention pill, which will be a combination of TDF/FTC and combined oral contraceptive pill.</li> </ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>27 STAC notes the new joint framework entitled “Start Free, Stay Free, AIDS-Free” presents opportunities and costs at country level and recommends that <b>WHO encourages pragmatic implementation of the framework based on country need, focusing mainly on promoting and supporting the development and use of improved pediatric diagnostics and formulations.</b></p>	<ul style="list-style-type: none"> <li>• WHO has engaged as an important partner within the <a href="#">Start Free, Stay Free, AIDS-Free</a> initiative since the previous STAC meeting and offer the following summary on its current status: <i>Start Free</i>: Although the 2020 targets of reducing the number of children newly infected to less than 20,0000 will be missed, there has been some progress in reaching 85% (target 95% in 2020) of pregnant woman/mother living with HIV with lifelong HIV treatment.</li> <li>• <i>Start Free</i> Global validation of elimination of MTCT remains a major advocacy opportunity to maintain ‘Start Free’ priority in national plans particularly for high burden countries that can be certified as being on the ‘Path to Elimination’. WHO provided support for country programme implementation and assessment including strengthening data management and use, programme implementation and reform for improved human rights, gender equality and community engagement.</li> <li>• <i>Stay Free</i>: Although the Stay Free target of less than 100,000 new HIV infections in adolescent girls and young women by 2020 will also be missed, WHO has and continues to work on the Stay Free platform to support country level engagement and progress. Support has included the development of tools and resources for country use and impact. An adolescent and young key population toolkit has been completed while an adolescent girls and young women toolkit is in progress. WHO convened a learning session on pregnant adolescents and adolescent mothers and currently collaborating on the three frees platform on evidence-based case studies to inform country programming.</li> <li>• <i>AIDS Free</i>: Although the AIDS FREE target of 1.4 million children and 1 million adolescents on treatment by 2020 will be missed, the department has and continues to work on the AIDS FREE platform to support country level engagement and progress to scale up testing and optimal treatment and service delivery for children and adolescents. Support for country level implementation of the framework has included coordinated and targeted efforts to support policy change in priority countries, creation of further capacity in the African region as well as the development of <a href="#">tools and resources</a> for country use and impact WHO, as co-chair of the AIDS FREE working group, has led preparation and follow up of high level dialogues co-convened with the Vatican to resolve barriers in the area of diagnostics and treatment for children in need. WHO has also scaled up efforts to optimize treatment for infants.</li> </ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<b>Delivering HIV Services in Countries for Greatest Impact</b>	
<p>28 STAC commends WHO for its support and capacity building for local-level monitoring and evaluation of HIV programmes with the aim of enhancing their focus, quality and impact. It <b>recommends that this support be expanded to promote the establishment and harmonization of electronic data systems that capture and report on patient-level outcomes</b>, while guarding the confidentiality and security of each individual's data.</p>	<ul style="list-style-type: none"> <li>• WHO has developed the guidelines across HIV, TB, malaria and other health areas for sub national electronic reporting, including modules which run in country health information systems, and a curriculum to support cascade data use. This has been <a href="#">supported by the Global Fund</a>, and deployed in an integrating manner through Global Fund grants. This has allowed them to support sub national data systems and more routine reviews of gaps in programs.</li> <li>• We are further developing this area for prevention (which has been weaker in district health information systems) and drug and diagnostics (where data comes from a different information systems, LMIS).</li> </ul>
<p>29 STAC recommends that <b>WHO increase its country-level support for enhancing the collection, management and sharing of strategic data to monitor and assess the impact of locally implemented interventions for preventing and treating HIV and coinfections.</b></p>	<ul style="list-style-type: none"> <li>• There have been increasing gaps in WHO country capacity for HIV and strategic information with limited specialist capacity for hepatitis and STIs. HIV capacity has been critical since the reduction in UBRAF funding by 80% and reductions in other partners for global support to country activities.</li> <li>• WHO strategic information (SI) unit has worked hard to maintain a network of regional SI advisors covering each region, and they have been central in implementing support for improved Person Centered Monitoring and electronic DHIS systems. However major gaps in national program officers for data use remain, even in high burden countries.</li> </ul>
<p>30 STAC recommends that <b>WHO maintain its country-level support for evidence-based planning and decision-making that addresses social, cultural and other barriers.</b></p>	<ul style="list-style-type: none"> <li>• In 2014 WHO issued <a href="#">consolidated guidelines for key populations</a> which recommended a package for all key populations that consists of health and enabling interventions. It is recognized that if the structural barriers of social, cultural, legal and financial nature are not addressed then many people from marginalized communities will not be able to access the health interventions. These enabling interventions included the review of laws to decriminalize behaviors and services for KP as well as fuel stigma and discrimination, to address violence and support empowering communities as well as sufficient funding for all these.</li> <li>• WHO continues to advocate for these enabling interventions as part and parcel of a public health response to address HIV, viral hepatitis and other health issues.</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation		WHO Actions
<b>Cross-cutting Issues</b>		
31	STAC notes that WHO actively <b>shares country-level data on HIV with national policy-makers and government officials, and recommends that WHO expand its dissemination of these data and reports, where appropriate, to include civil society organizations.</b>	<ul style="list-style-type: none"><li>• WHO has expanded the sharing of its data, through developing country intelligence, and implementing electronic DHIS modules and dashboards that allow core data to be used and shared at all levels globally, regionally, national and at district and local level.</li><li>• WHO has also included strong participation of communities and civil society in the <a href="#">Person Centered Monitoring Guidelines</a>, and the DHIS modules, with specific recommendations and data use modules on key populations.</li><li>• However, there is still work on the governance in countries to fully involve civil society in the review of data. There is an opportunity to do this as WHO defines the governance of routine data reviews in countries as part of guidelines planned in 2021-2022.</li></ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>32 STAC commends WHO's efforts to monitor countries' uptake of key policy guidance and emphasizes the importance of continuing to track and report on such uptake, particularly for guidance that relates to key populations. STAC commends, in particular, the analysis of the uptake of Key Populations recommendations, which was conducted for the first time in 2016. <b>STAC recommends that WHO continues to monitor policy uptake, distinguishing between policy adoption and implementation, and paying special attention to the uptake of guidance for key populations.</b></p>	<ul style="list-style-type: none"> <li>• WHO headquarters and regional offices supported both face-to-face and virtual peer reviews of 39 countries Global Fund funding requests to ensure that key populations were adequately prioritized and that opportunities to integrate sexual and reproductive health and hepatitis interventions were addressed.</li> <li>• Several supportive documents were developed including checklists and tools for countries to use to ensure adequate attention to key populations (including on developing appropriate size estimates for MSM), as well as webinars and other capacity building with Global fund and WHO country staff.</li> <li>• In addition, WHO supported the development of <a href="#">the 2020-2025 Regional Strategy for HIV, Tuberculosis, Hepatitis B &amp; C and Sexual and Reproductive Health and Rights among Key Populations in the Economic Community of West African States</a>. Through continued advocacy and support from WHO the Strategy commits countries in West Africa to address barriers to key populations access to comprehensive health services, including HIV, TB, hepatitis and sexual and reproductive health and rights. The strategy was adopted by the ECOWAS Assembly of Health Ministers in July 2020, translated to Portuguese and French and launched by the Secretary General of the WAHO at the 23rd International AIDS conference.</li> <li>• Following the first review in 2016, WHO reviewed in 2019 the National Strategic Plans of 49 African countries for their adoption of WHO KP recommended interventions.</li> <li>• Finally, WHO also conducted a review of national hepatitis plans to assess the inclusion of people who inject drugs and people in prisons in their national response and published a policy brief and a commentary in the Lancet on this.</li> </ul>
<b>Viral Hepatitis Stream</b>	
<p>33 STAC commends WHO on developing, disseminating and supporting implementation of the GHSS on Viral Hepatitis at global, regional and country levels. <b>STAC requests WHO to expand its global advocacy to convey the necessary sense of urgency to countries about the need to scale up their responses to viral hepatitis in order to meet the 2020 and 2030 targets.</b></p>	<ul style="list-style-type: none"> <li>• WHO has prioritized strengthening <a href="#">global advocacy for viral hepatitis</a> since the last STAC meeting and has convened numerous sessions at international conferences and offered speaker and a panel discussants at more than 50 international or national conferences, as well as generating key journal articles on progress towards elimination, scientific publications and promoting good practices.</li> <li>• Key flagship events have included: <a href="#">Global Hepatitis Summit (November 2017)</a> in San Paolo, Brazil; <a href="#">Africa hepatitis summit in Uganda (June 2019)</a>, WHO sessions</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<p>at <a href="#">EASL</a> (2018 and 2019), <a href="#">AASLD</a> (2017), and <a href="#">IVHEM</a> (2019), <a href="#">IAPAC</a> (2018), <a href="#">INHSU</a> (2019) and at more than 12 national conferences where the following global public health goods and guidelines have been shared: testing guidelines, updated HCV treatment guidelines, HCV in children and adolescents, seven good practices and lessons learned in viral hepatitis response, and simplified service delivery for hepatitis.</p> <ul style="list-style-type: none"> <li>• A third hepatitis summit is planned for October 2021 in Bangkok. This event is often organized in synergy with the <a href="#">World Hepatitis Alliance</a>.</li> <li>• WHO has convened high-level global events and campaigns including for the annual World Hepatitis Day – focusing for example on HCV elimination with the launch of <a href="#">The Prime Minister’s initiative in Pakistan in 2019</a> and a global virtual high-level event with a focus on HBV elimination in 2020 – including the General Director of WHO and several Ministers of Health. These events have highlighted the importance of a strengthened global response.</li> <li>• WHO continues its dialogue with important international funding and convening organizations, such as the Global Fund, UNITAID, GAVI and the World Economic Forum to explore the possible synergies for increased catalytic viral hepatitis resources and programming and to further advocate for an adapted and funded response.</li> </ul>
<p>34 STAC recommends that WHO monitor the global response to viral hepatitis and encourage countries to achieve the 2020 and 2030 GHSS targets by: <b>assisting countries in setting short- and medium-term targets to progress towards the 2030 targets; supporting countries to develop/review and implement costed national plans on viral hepatitis by working closely with and supporting local champions, facilitating coordination and partnerships between governments and civil society among other key stakeholders; collating, analyzing and disseminating information on good practices and lessons learned from the implementation of successful national, subnational and NGO-led hepatitis programmes with elimination targets, from at least three countries, before the next STAC meeting; and mobilizing and convening policymakers in WHO regions to empower them for delivering scaled-up viral hepatitis programmes that include</b></p>	<ul style="list-style-type: none"> <li>• WHO has prioritized the monitoring and reporting on the global response to viral hepatitis with a view to encouraging countries to strive for the 2020 and 2030 GHSS targets.</li> <li>• Following the publication of the <a href="#">Global Hepatitis Report in 2017</a> a <a href="#">combined HIV, hepatitis and STI Progress Report was published in 2019</a> and provided updates on mid-term progress towards GHSS 2020 targets and broader elimination targets. A further joint progress report is planned for 2021.</li> <li>• WHO notes that the number of national action plans for viral hepatitis have increased to more than 90, and there are 45 in development or draft form. Around 45% of these plans were costed. This represents a substantial increase from 17 in 2016. A <a href="#">Global reporting system for viral hepatitis</a> was established in 2017 and data reported from 45 initial countries.</li> <li>• Collating and disseminating information on good practices and lessons learned has included leveraging high profile conference sessions including: AASLD in 2017; IAPAC in 2018; EASL in 2019; and IVHEM also in 2019. WHO presentations</li> </ul>



## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
<p>ongoing monitoring of uptake and implementation of guidelines, strategies and targets.</p>	<p>have profiled success features of national response in Brazil, Egypt, Georgia, India and Mongolia. The WHO Global Hepatitis Programme initiative of collated good practices and lessons learned from different aspects of national viral hepatitis responses described earlier highlights more than 40 examples of good practice from different countries.</p> <ul style="list-style-type: none"> <li>• WHO held its first validation of elimination meeting end of June 2020 with a focus on HBV elimination of mother-to-child transmission, and will issue draft framework for validation of elimination</li> </ul>
<p>35 STAC reiterates its concern that a <b>highly effective treatment for hepatitis C virus exists, yet is not available at affordable prices to the people who need it in many countries</b></p>	<ul style="list-style-type: none"> <li>• Since 2017, there has continued to be <a href="#">reduction in prices of medicines</a> in low and middle-income countries. The majority (around 70%) now access the most widely available generic DAA combinations of sofosbuvir and daclatasvir at less than \$100 for a 12 week course. Sofosbuvir and velpatasvir is now becoming available in key countries.</li> <li>• The third edition of the WHO report <i>Accelerating access to hepatitis C diagnostics and treatment</i> has been finalized and will be launched in November 2020.</li> <li>• On diagnostics similarly, only one HCV rapid diagnostic test and a line immunoassay were prequalified in 2016. By 2020, four molecular HCV assays and 8 serology assays were WHO-prequalified.</li> <li>• By 2019, six generic manufacturers had at least one DAA prequalified by WHO or reviewed by the Expert Review Panel. In-country product registrations are also increasing. In 2019, a total of 62 low- and middle-income countries had registered at least one version of sofosbuvir + daclatasvir, sofosbuvir/ledipasvir or sofosbuvir/velpatasvir from originator or generic manufacturers; as compared to 32 in 2017.</li> <li>• Low- and middle-income countries can now aim to achieve prices of under USD 100 per patient course for 12 weeks of WHO recommended treatment with WHO-prequalified generic sofosbuvir and daclatasvir; down to \$60 one of the lowest reported prices for WHO-prequalified generic hepatitis C treatment to date. Sofosbuvir and velpatasvir is now becoming available in key countries through.</li> <li>• However not all countries are benefitting from these prices, and large variations in prices and patent barriers continue to persist among countries. Prices in upper-middle income countries with high HCV burden remain a major barrier to</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation		WHO Actions
<b>Cross-cutting Issues</b>		
		<p>scale-up. For example, the price of a 28-day supply of sofosbuvir continues to be as high as USD 3,338 in the Russian Federation.</p> <ul style="list-style-type: none"> <li>• Despite recent achievements in many areas, the overall picture remains uneven and fragmented. With a few champions countries leading the way and counting massively to the recent scale-up i.e Egypt. Others incl. Georgia, Mongolia, Pakistan and Rwanda have also expanded their outreach in recent years. Progress achieved to date is fragile, and access to hepatitis C testing and treatment is yet to reach a sufficient level of coverage.</li> <li>• WHO remains engaged in pursuing the following steps will be critical to accelerate a public health response and accelerate progress towards elimination targets by 2030: 1) Accelerating access to hepatitis C diagnostics; 2) Continuing supporting price reductions for more affordable hepatitis C diagnostics and treatment; 3) Promoting rights-based response, that provides people-centered services and serve KP and vulnerable populations; 4) Facilitating product registration; 5) Integrating approaches for greater domestic financing; 6) Leveraging synergies across the health sector.</li> </ul>
36	<p>STAC recommends that WHO support countries in planning and implementing high-quality hepatitis surveillance systems, including linkages with and utilization of existing surveillance platforms for HIV and other diseases. <b>Activities to be accelerated or achieved in countries within the next two years include: assessing the quality of existing hepatitis surveillance systems and compiling available data to support planning; identifying other existing surveillance systems within countries into which viral hepatitis surveillance could be incorporated; and providing support to countries to develop clear country hepatitis surveillance plans that include indicators to track progress towards achievement of 2020 and 2030 elimination goals.</b></p>	<ul style="list-style-type: none"> <li>• A global reporting system for viral hepatitis was established in 2017 and data reported from an initial cohort of 45 countries. The strategic information work of hepatitis is integrated into the overall HQ HHS department strategic information team SIA working on HIV, hepatitis and STIs.</li> <li>• <a href="#">Hepatitis Data Collaborative</a> has been established since the 2019 Hepatitis Partners forum.</li> <li>• In 2020, WHO is collecting data, via a new collaborative approach, for an updated viral Hepatitis report for May 2021.</li> </ul>
<b>Towards treating all - hepatitis B and C</b>		
37	<p>STAC reiterates the need for WHO to utilize its role as a <b>global advocate to communicate a “sense of urgency” to countries on the need for scaled-up, effective viral hepatitis responses.</b></p>	<ul style="list-style-type: none"> <li>• WHO convened a successful <a href="#">viral hepatitis partners meeting in March 2019</a> with more than 35 partners working in different areas of research and development, community engagement, data collection, and country implementation.</li> </ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<ul style="list-style-type: none"> <li>As described previously WHO has convened sessions at international conferences and made strategic use of global campaigns and journal publication to communicate a “sense of urgency” to countries on the need for scaled-up, effective viral hepatitis responses.</li> <li>The WHO Director-General and many regional directors have spoken through the media and official governance platforms, including the World Health Assembly, to highlight country successes to date and opportunities to urgently advance and strengthen the response to viral hepatitis.</li> </ul>
<p>38 STAC commends WHO on its excellent work on developing a practical set of treatment guidelines for hepatitis B and hepatitis C. STAC recognizes that treatment access remains unacceptably low in some countries and certain populations. STAC encourages <b>WHO to: assist countries to develop treatment access strategies including technical support on improved financing, price reductions, procurements and registration for viral hepatitis medicines; provide greater support at international, regional and country levels to enable countries to overcome intellectual property rights and other barriers to manufacturing, procuring and using affordable drugs; and, to achieve this, strengthen linkages between the WHO Global Hepatitis Programme and the Department of Essential Medicines and Health Products.</b></p>	<ul style="list-style-type: none"> <li>Over the last three years WHO has provided technical support in strategic information, programme review, testing and treatment scale-up in more than 25 countries including Cameroon, China, Georgia, India, Mongolia, Myanmar, Pakistan Rwanda, Uganda and Vietnam.</li> <li>As mentioned above, WHO will produce an updated report on Hepatitis Treatment and Diagnostics Access (Nov 2020) which has been developed collaboratively with HHS and EMP Departments.</li> </ul>
<p>39 STAC requests that WHO assist countries <b>to improve the capacity and quality of laboratory and point-of-care hepatitis testing and clinical monitoring, including through the following mechanisms:</b> by encouraging manufacturers to validate the use of dried blood spots and to develop cheap, simple point-of-care nucleic acid testing; continue to conduct prequalification of diagnostics and therapeutics for viral hepatitis, prioritizing affordable HBV DNA tests and HCV RNA tests; and support countries’ capacities to develop comprehensive price reduction and access strategies for diagnostics and work with stakeholders to determine the actual cost of diagnostic tests.</p>	<ul style="list-style-type: none"> <li>Since 2017, WHO in collaboration with FIND and funded through a UNITAID grant has led a series of projects on promoting diagnostic innovations for HCV. WHO has promoted the importance of a strategic approach to case finding and development of testing guidelines.</li> <li>Technical support has been provided to several countries including Georgia, India, Mongolia, Myanmar and Pakistan. Supported through UNITAID, Abbott has introduced WHO-approved manufacturers protocols for use of dried blood spots. Four projects demonstrating the potential impact of point-of-care HCV viral load to promote access to testing and treatment in harm reduction sites among people who use drugs have been initiated in ARV clinics and at district hospitals in Georgia, Manipur and Punjab in India and in Myanmar.</li> <li>The WHO has prequalified five HCV antibody tests, three HBsAg tests, HCV RNA Gene Expert, and five different generic DAAs. Diagnostic prices have, until</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<p>recently, remained high and with the fall in drug prices now account for a high proportion overall costs of care.</p> <ul style="list-style-type: none"> <li>The new development of “bundled procurement” that provide all-inclusive price of less than \$15, as well as standardized price for Gene Expert cartridges (HBV, HCV, HIV, HPV) represents an important new opportunity to achieve significant cost reductions for the diagnostic pathway.</li> </ul>
<p>40 STAC requests that WHO produce consolidated, simplified viral hepatitis guidelines that emphasize implementation at country level for all people, including vulnerable and key populations. These may include: practical testing and treatment algorithms (including guidance on test and treatment for HCV infection); service delivery models (including integration) that allow for rapid scaling up and workforce development, including through task-shifting; and step-wise approaches that guide countries towards achieving the viral hepatitis targets.</p>	<ul style="list-style-type: none"> <li>WHO plans to deliver consolidated guidelines on prevention, testing, care and treatment of viral hepatitis B and C by the end of 2021, and has developed an overall pathway towards this goal.</li> <li>WHO will collate the core key guidelines of hepatitis B, hepatitis C, testing and key population guidelines. There are four planned updates: service delivery and point of care viral load; pediatric treatment and re-treatment; HCV self-testing; and HBV care and treatment.</li> <li>The WHO HHS Department will also develop consolidated guidelines for key populations that will be person-centered and ensure a clear focus across HIV, viral hepatitis and STIs.</li> </ul>
<b>Addressing the Prevention Gap: Viral Hepatitis</b>	
<p>41 STAC recognizes that the prevention of viral hepatitis infection remains a priority.</p>	<ul style="list-style-type: none"> <li>WHO has further prioritized prevention including through a revised new matrix structure in the WHO Department of Global HIV, hepatitis and STI Programmes (HHS) which includes a dedicated focal point working on hepatitis prevention, testing and most-affected populations.</li> <li>There is continuous collaboration across WHO departments co-responsible for viral hepatitis prevention, including Infection and Prevention Control, Immunization and Mental Health and Substance Use.</li> </ul>
<p>42 STAC recommends that WHO continue to advocate at the international level and with governments for evidence-based drug policies that reflect a public-health approach to injecting drug use.</p>	<ul style="list-style-type: none"> <li><a href="#">WHO continues to advocate for harm reduction</a> as a public health response to drug dependence and related harms and for overall drug policy reform including for countries to review their policies and work towards the decriminalization of drug consumption and possession for personal use.</li> <li>WHO presents these matters at global policy events including at UN meetings such as the <a href="#">Commission on Narcotic Drugs</a> in Vienna, relevant UNGASS events in New York, and international conferences such as the ones on HIV, hepatitis, and on harm reduction.</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<ul style="list-style-type: none"> <li>• WHO also takes an active role in drug policy reform debates organized by Member States, the Global Commission on Drug Policy and relevant technical meetings.</li> </ul>
<p>43 STAC recommends that WHO continues to <b>support countries to develop comprehensive harm-reduction programmes.</b></p>	<ul style="list-style-type: none"> <li>• Harm Reduction and testing and treatment access for people who use drugs remains the greatest challenge for viral hepatitis core interventions for hepatitis elimination. This intervention has seen less progress than other core intervention and will be absolutely essential to HCV elimination. Since the last STAC WHO has extended its work on viral hepatitis prevention with a specific attention on key populations and harm reduction related work. WHO produced a <a href="#">policy brief in 2019</a> documenting the extent to which national plans address adequately drug user and prison health</li> <li>• WHO has also created a working group for viral hepatitis and drug user health and engages regularly with international partners to highlight the importance of improving harm reduction and treatment access for viral hepatitis elimination for PWID in international conferences and regional workshops.</li> <li>• WHO has also has started to strengthen its work stream on <a href="#">viral hepatitis in men who have sex with men (MSM)</a> and has published a global systematic review on HCV prevalence and incidence of MSM with regional breakdowns by WHO region. We are working on further integrating HCV testing and treatment in existing MSM and MSM-PreP programs globally.</li> </ul>
<p>44 STAC urges WHO to work with countries to <b>prevent discrimination and stigma against people who are at risk of viral hepatitis infection, including in healthcare settings.</b></p>	<ul style="list-style-type: none"> <li>• Some regional work has been undertaken with regards to hepatitis stigma in the general population; the stigma work on HQ level has focused on reducing stigma in key populations.</li> <li>• WHO notes that there is further work required to prevent and address stigma and discrimination in healthcare settings and is seeking to ensure links with the UNAIDS convened <a href="#">Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination</a> given that WHO is the co-convenor of the partnership-s working group on healthcare settings.</li> </ul>
<p>45 STAC requests that WHO prioritize the specific recommendation made by STAC-HEP in 2015, which called on WHO to extend its normative work on safe injection practices by promoting alternatives to injections and to addressing infection control guidelines applicable to other devices and in other settings, such as endoscopy, re-use surgical equipment, tattooing equipment,</p>	<ul style="list-style-type: none"> <li>• See answer to 43.</li> </ul>

## 2017 WHO STAC-HIV/HEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation		WHO Actions
<b>Cross-cutting Issues</b>		
	cosmetic procedures and to deal with the specific requirements of safe injecting equipment for people who inject drugs. <b>In particular, STAC emphasized the need to promote the use of auto-disable syringes as well as alternatives to injections. STAC recommends that WHO publish guidance for countries on how to implement this normative guideline.</b>	
46	STAC calls on WHO to support countries in the universal implementation of evidence-based infection prevention and control, (including but not limited to the vaccination of healthcare workers) and the education of healthcare workers. <b>It requests that WHO develop indicators for countries to monitor infection prevention and control implementation.</b>	<ul style="list-style-type: none"> <li>• WHO issued <a href="#">safe injection practices guidelines in 2018</a> and GHP collaborated with Injection Safety department in promotion of non-reusable syringes in three pilot countries in 2018.</li> <li>• The 2017 Hepatitis Progress Report highlighted considerable progress towards achievement of 2020 targets of 90% safe injections, but the EMRO region still shows major challenges in achieving 100% safe blood and in injection safety in health facilities.</li> </ul>
47	STAC recommends that WHO address the gaps in the provision of HBV birth dose vaccine in many countries and ensure consistency between recommendations and guidance provided by STAC and the Strategic Advisory Group of Experts (SAGE) on Immunization, related to birth-dose HBV vaccines, including heat-stable HBV vaccines. STAC calls on WHO to coordinate and optimize partnerships to support countries in delivery of the birth dose (including the WHO departments for Maternal, Newborn, Child and Adolescent Health (MCA) and Immunization, Vaccines and Biologicals (IVB), UNICEF, GAVI and champion countries) and to position birth dose delivery within the wider perinatal care platform.	<ul style="list-style-type: none"> <li>• World Hepatitis Day 2020 focused on the launch of the newly developed guidelines for antiviral treatment in pregnancy and more broadly the elimination of HBV in the African region.</li> <li>• This has involved colleagues and work from immunization department in HQ and the AFRO. WHO will further engage internally and with external partners such as GAVI and the Hepatitis Fund to further advocate for accelerating birth dose access in AFRO Region.</li> </ul>
<b>Delivering Hepatitis Services for Greatest Impact</b>		
48	STAC agrees with WHO's approach of identifying a number of viral hepatitis focus countries. It recommends that technical support be made available to all countries with viral hepatitis epidemics, but that the support be intensified in the focus countries. <b>STAC recommends that WHO provide a clear timeline and plan for the provision of support to the focus countries.</b>	<ul style="list-style-type: none"> <li>• Since 2017 WHO has provided technical support in strategic information, programme review, prevention, testing and treatment scale-up in more than 25 countries including Cameroon, China, Georgia, India, Mongolia, Myanmar, Pakistan, Rwanda, Uganda and Vietnam. Most of the support has been directed to countries with the highest disease burden.</li> <li>• WHO recognizes the importance of continuously focusing on priority countries and plans increased support around technical areas relating to key populations.</li> </ul>

## 2017 WHO STAC-HIVHEP Recommendations & WHO Actions Checklist

20 October 2020

WHO 2017 STAC-HIV/HEP Recommendation	WHO Actions
<b>Cross-cutting Issues</b>	
	<ul style="list-style-type: none"> <li>In 2018 the HHS Department began implementing a differentiated approach to provision of technical support for viral hepatitis. This entailed identifying a set of focus countries for targeted action for global impact. Twenty-eight countries representing about 71% of global hepatitis burden were identified. The 28 focus countries were further subdivided into two groups based on disease burden. There are 13 Tier 1 countries that account for around 65% of the global burden and the remaining 15 focus countries are in Tier 2. Tier 1 received the highest consideration for technical support and resource allocation followed by Tier 2.</li> </ul>
<p>49 STAC recommends that <b>WHO invest in human resource capacity for viral hepatitis in WHO country and regional offices, particularly in priority, high-burden countries.</b></p>	<ul style="list-style-type: none"> <li>As described in section 9: Developing strategies to maintain three level capacity for HIV, hepatitis and STIs is a departmental priority. The HHS Department estimates there are currently around 130 fixed term equivalent positions in countries working directly on the disease areas and around 35 in regional offices.</li> <li>Most HHS departmental work is focused on country action including through the development of global public health goods (GPHGs) to guide country work and/or ensuring appropriate political focus on the diseases.</li> <li>Staff at all levels have been re-tasked to support the response to COVID-19 either in full time roles or by taking on additional responsibilities. Similarly as part of the WHO Transformation process the STI programmatic agenda (surveillance, normative guidance, country support and programming) is now part of the WHO Department of HIV, Hepatitis and STI (HHS) in order to better operationalize opportunities for integration and linkages of STI, HIV, hepatitis and country support, while increasing synergies with maternal, neonatal, child and adolescent health.</li> <li>At present the addition of STIs with the department has not led to an increase in budget or human resources adding further pressure to resources that were formerly dedicated to HIV or hepatitis.</li> </ul>