

REPORT AND RECOMMENDATIONS
FROM THE FIRST MEETING OF THE

WHO STRATEGIC AND TECHNICAL ADVISORY COMMITTEE ON HIV AND VIRAL HEPATITIS

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INTRODUCTION

The World Health Organization (WHO) held the first meeting of its Strategic and Technical Advisory Committee on HIV and Viral Hepatitis (STAC-HIVHEP) on 13-15 March 2017 in Geneva, Switzerland.

The STAC-HIVHEP is comprised of experts from all WHO regions. Members have been appointed by the WHO Director-General in their individual capacities, based on their relevant expertise and experience related to HIV, viral hepatitis and/or cross-cutting issues. The STAC-HIVHEP was established through the merger of the WHO STAC for HIV/AIDS (STAC-HIV) and the WHO STAC on Viral Hepatitis (STAC-HEP), both of which last convened in February 2015.

The meeting was opened by Dr Ren Minghui, WHO Assistant Director-General for HIV, Tuberculosis, Malaria and Neglected Tropical Diseases, and Dr Gottfried Hirnschall, Director of the WHO Department of HIV.

Dr Salim Abdool Karim of the Centre for the AIDS Programme of Research in South Africa (CAPRISA) and Dr Margaret Hellard of the Centre for Population Health at the Burnet Institute in Australia chaired the meeting, assisted by co-chairs Dr Adele Benzaken from the Ministry of Health, Brazil and Dr Olufunmilay Lesi of the University of Lagos, Nigeria. A full list of meeting participants is annexed to this report.

Dr Andrew Ball, Senior Adviser on Strategy, Policy and Equity, outlined the objectives and agenda of the meeting. The purpose of the STAC-HIVHEP (see Annex 1: Formal terms of reference) is to provide the WHO Director-General with independent strategic and technical advice on WHO's programme of work to scale up and maximize the impact of HIV and viral hepatitis prevention, diagnosis, treatment and care.

CONTEXT

The global responses to the two epidemics addressed in this STAC are at different junctures. Whereas WHO Member States continue to make substantial progress in the HIV response, the public health response to viral hepatitis has only recently begun gaining momentum.

VIRAL HEPATITIS

Viral hepatitis, meanwhile, is a major – yet long-neglected – global public health problem. It accounted for approximately 1.3 million deaths in 2015 (mostly due to acute infection and hepatitis-related liver cancer and cirrhosis), which is comparable to the global mortality rate for HIV.

Huge opportunities exist for ending viral hepatitis as a public health threat. Highly effective prevention interventions exist for all five hepatitis viruses (including vaccines for hepatitis A, B and E, effective blood and injection safety measures and harm reduction for people who inject drugs, safe food and water and sanitation measures). Hepatitis B virus (HBV) vaccination is very effective and many countries have achieved high coverage rates for this intervention. However, its impact is undermined by programming gaps, notably inconsistent rates of vaccination of infants at birth. Interventions to improve the safety of blood transfusions and injections are also inadequately available and implemented.

The potential for major progress is evident also in the existence of effective treatment for chronic HBV infection and a cure for chronic HCV infection. In the past three years, new treatments for HCV infection have been developed, with cure rates of over 90%. Yet these treatments are currently unavailable or unaffordable in the vast majority of countries. As with HIV, the global viral hepatitis response has enormous scope for further, rapid improvement.

HIV

The global HIV epidemic claimed fewer lives in 2015 than at any point in almost two decades. The list of countries that have eliminated new HIV infections among children keeps growing.

Prevention programmes reduced the annual number of people acquiring HIV to 2.1 million (1.8 million–2.4 million) in 2015. Between 2000 and 2010, the number of people acquiring HIV decreased by more than 50% in 30 countries – amid strong evidence that changes in risk behaviour helped drive these declines.

Arguably, no other public health intervention in the past half-century rivals the positive impact HIV treatment has had on the health of individuals and communities. Ongoing expansion of coverage of antiretroviral therapy (ART) reduced the number of people dying globally from HIV-related causes by 45% between 2005 and 2010, and by 26% between 2010-2015. In eastern and southern Africa, which is home to several of the largest HIV epidemics in the world, the rollout of HIV treatment has contributed to rebounding life expectancy in several countries.

Despite the progress, HIV epidemics continue to pose serious public health threats in all regions. Reductions in new infections have slowed markedly in the past few years: globally, the estimated number of adults and children newly infected with HIV decreased by only about 20 000–30 000 each year since 2010. HIV incidence increased among people 15 years and older in 2010–2015 in three WHO regions: the Region of the Americas, the Eastern Mediterranean Region and the European Region. Given the availability of effective, life-saving treatment, it is unacceptable that 1.1 million (940 000–1.3 million) people died from HIV-related causes in 2015. HIV treatment can and should be saving many more lives.

The pace of progress needs to accelerate considerably if the world is to reach the ambitious Sustainable Development Goal Target 3.3, which calls for ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases by 2030 and combating hepatitis.

There is a major risk that “business as usual” will see the HIV response lose steam and slide back. The immediate challenge is to reach the Fast-Track targets for 2020, a feat that would reduce the number of people newly infected with HIV and dying from HIV-related causes decisively enough to provide the momentum for ending the AIDS epidemic as a public health threat by 2030. The 2020 targets include reducing the number of people acquiring HIV to fewer than 500 000 (compared with 2.1 million in 2015) and reducing the number of people dying from HIV-related causes to fewer than 500 000 (compared with 1.1 million in 2015).

HIV programmes must be taken to a new level. This requires actions that accelerate the development and implementation of high-impact HIV prevention and treatment interventions, that reach the locations and populations most in need, that use rights-based and people-centred approaches, that remove inequities, and that secure sustainable financing for HIV programmes into the future and ensure progressive integration of the HIV response into broader health programmes and services.

GLOBAL STRATEGIES

In May 2016, the World Health Assembly endorsed the Global Health Sector Strategy (GHSS) on HIV, 2016–2021, the GHSS on Viral Hepatitis, 2016–2021 and the GHSS on Sexually Transmitted Infections, 2016–2021. The strategies set out actions which – if implemented rapidly and at sufficient scale – will create the momentum for ending these epidemics as threats to public health by 2030. Full implementation of the strategies will also contribute to the attainment of the Sustainable Development Goal on Health (Goal 3), including the achievement of universal health coverage, and other key health and development targets.

Operating at the global, regional and country levels, WHO is playing a central role in supporting countries' efforts to implement these strategies. It bolsters country action with a continuum of support, from advocating for accelerated action, developing and updating global consolidated guidelines and promoting policy changes to synthesizing strategic information, mobilizing country partnerships and facilitating capacity building.

CROSS-CUTTING ISSUES

The WHO Secretariat made several presentations to the STAC-HIVHEP, including an overview presentation by Dr Gottfried Hirnschall on the status of the global HIV, viral hepatitis and tuberculosis epidemics, the implications of those epidemic responses for achievement of the Sustainable Development Goals, and the organization's activities since the previous STAC-HIV and STAC-HEP meetings in 2015. Information on the priorities, budgetary situation and shifts in focus of the WHO Department of HIV, which includes the WHO Global Hepatitis Programme, were presented. Dr Hirnschall also referred to the reports provided to STAC members of implementation of the recommendations from the 2015 STAC-HIV and STAC-HEP meetings. WHO regional staff made presentations on WHO regional perspectives from the Regions of Africa (Dr Rufaro Chatora), the Americas (Dr Marcos Espinal), Eastern Mediterranean (Dr Rana Hajjeh) and Europe (Dr Masoud Dara).

Dr Deborah Von Zinkernagel provided comments on behalf of the UNAIDS Secretariat and Dr Ibrahim Abubakar reported on the work of the WHO Strategic and Technical Advisory Group on Tuberculosis.

STAC made the following general comments and recommendations:

1. STAC congratulates WHO on the finalization, and adoption by the World Health Assembly, of the Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections. It urges 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. 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.
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 supporting countries in the implementation of policies in the next five years.

HIV AND VIRAL HEPATITIS, UNIVERSAL HEALTH COVERAGE AND THE SUSTAINABLE DEVELOPMENT GOALS

A session was held to stimulate discussion on how the 2030 Agenda for Sustainable Development and other new directions in international public health will affect HIV and hepatitis epidemics and responses, and how global and country responses need to adapt, lead and remain relevant to the changing global and local contexts.

Dr Christopher Dye, WHO Director of Strategy, Policy and Information, presented an overview of the major strategic frameworks (the Sustainable Development Goals and Universal Health Coverage) guiding the GHSSs on HIV and Viral Hepatitis. Discussions focused on the implications for WHO and its support to countries. Participants emphasized a need for increased integration of activities across different disease responses, while noting the lack of evidence-based guidance for how best to proceed with such integration.

STAC made the following general comments and recommendations:

3. STAC recommends that WHO, within the context of delivering on the Agenda for Sustainable Development, identify, with countries, key opportunities for strengthened intersectoral collaboration as part of its broader support for expanded and sustainable HIV and viral hepatitis responses in countries. These opportunities should be identified along all five Strategic Directions described in the Global Health Sector Strategies, and should include leveraging resources in other sectors to support efforts to achieve the HIV and viral hepatitis targets.
4. STAC commends WHO's efforts and progress made to integrate and link HIV, hepatitis, sexually transmitted infections and other areas to improve impact and efficiencies, and recommends that these activities continue, in particular, in relation to vaccine development, vaccination strategies and infection prevention and control.
5. STAC recommends that WHO implement specific steps at the global, regional and national levels to better integrate activities in TB and HIV programmes to enhance appropriate management of co-infected individuals.
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 supporting the prioritization and scale-up of interventions in the context of achieving universal health coverage and planning for sustainable financing.
7. STAC recommends that WHO policies and guidelines promote and support the provision of integrated and/or linked testing 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.
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 WHO, working with partners, develop approaches for jointly managing HIV, tuberculosis, viral hepatitis and other infectious diseases in emergency and conflict settings.

DELIVERING IN COUNTRIES FOR GREATEST IMPACT

Session 4 focused on efforts to accelerate country implementation of HIV and viral hepatitis programmes towards achieving global targets, including: (i) WHO approaches to providing technical assistance and developing country capacity; (ii) strategic information to guide country responses; (iii) implementation of WHO guidelines; and (iv) working with partners.

The session included a panel discussion comprising a range of stakeholders (STAC members and partner organizations) involved in supporting the delivery of HIV and hepatitis programmes and services in countries, including individuals working in national programmes, donors and civil society. Panel members provided their perspectives on WHO's role in supporting countries. The STAC discussed the decision of the Department of HIV to shift a greater proportion of its activities "downstream" towards country-level support. Presenters shared examples of the value of WHO technical assistance, strategic information, policy guidance and implementation of WHO guidelines and tools. Specific reference was made to WHO's support to countries in the development of Global Fund proposals and implementation of grants. Participants stressed the importance of working with and supporting a wide range of partners, particularly civil society and community organizations.

STAC made the following general comments and recommendations:

9. Given the urgent need to accelerate progress towards ending the AIDS and viral hepatitis epidemics as public health threats, STAC supports WHO's approach of increasingly shifting its technical and other support towards "downstream" actions that directly support country activities for adapting and implementing WHO HIV and viral hepatitis policies and guidelines.
10. STAC recommends that 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. The STAC recommends that these activities be documented and reported to the next meeting of the STAC.
11. STAC recommends that WHO pursue strong, direct engagement with civil society and community organizations, and support community strengthening as key features of its actions at country level.
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 to strengthen and accelerate the viral hepatitis response, including through differentiated care models. 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.
13. STAC recommends that WHO provide focused support to middle-income countries to perform national strategic planning and secure financing as they transition to greater reliance on domestic funding. 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.
14. STAC recommends that WHO increase its support to countries for resource mobilization to fund and implement collaborative and/or integrated TB, HIV and viral hepatitis services.

ENSURING ACCESS TO AFFORDABLE AND QUALITY HIV AND VIRAL HEPATITIS MEDICINES, DIAGNOSTICS AND OTHER COMMODITIES

Session 5 focused on access to affordable and quality HIV and hepatitis medicines, diagnostics and other commodities. Dr Emer Cooke and Dr Peter Beyer, from the WHO Department of Essential Medicines and Health Products, participated in the session and presented the key elements of an access strategy for HIV and hepatitis medicines, diagnostics and other commodities. During discussion, anticipated cuts in donor funding support were an overriding concern, placing even greater emphasis on the ongoing need for price reductions of key, high-volume commodities. Participations stressed the need for ensuring an uninterrupted supply of affordable and high-quality medicines, and discussed recent successes and remaining obstacles. Important price reductions have been achieved, for example with first-line antiretroviral therapy regimens in most low- and middle-income countries, and in a limited number of countries for direct-acting antivirals (DAAs) for treatment of chronic hepatitis C infection. However, such achievements have not necessarily been equitable. Intellectual property and other barriers continue to be hindrances to access for many countries. Middle-income countries experience specific challenges in negotiating lower prices. The need for simplified and more acceptable regimens and technologies (including paediatric medicines and point-of-care diagnostics) was emphasized. It was recognized that WHO has developed and manages a range of mechanisms that support countries' selection and procurement of commodities (including regularly updated clinical guidelines, strategic information on prices, patents, manufacturers and registration, facilitating bulk procurement, and prequalification, promotion of generic competition, medicines and diagnostics forecasting, supply management of commodities, and country capacity building to negotiate price reductions, including applying TRIPS flexibilities). The importance of having an efficient prequalification programme to accelerate access to HIV and hepatitis commodities was highlighted.

STAC-HIVHEP made the following general comments and recommendations:

15. STAC recommends that WHO support countries to develop access strategies for HIV and viral hepatitis medicines and diagnostics to ensure no one is left behind in the HIV and viral hepatitis responses as part of a broader approach to secure universal health coverage. STAC further recommends that WHO provide greater support at international, regional and country levels to enable countries to overcome intellectual property and other barriers to affordable drugs and diagnostics to avoid people being denied access to HIV and viral hepatitis testing, treatment or care.
16. STAC recommends that WHO strengthen strategic collaboration between the WHO HIV Department and the WHO Essential Medicines and Health Products Department 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.

HIV STREAM

IMPLEMENTATION OF THE GLOBAL HEALTH SECTOR STRATEGY ON HIV, 2016-2021

Session 6a provided an overview of the global HIV situation and response and the WHO framework for monitoring and reporting on implementation of the GHSS on HIV. It focused on the strategic information components of the GHSS on HIV, including the collection and analysis of disaggregated, “granular” epidemiological data (to focus interventions on locations and populations with the greatest need) and HIV service cascade analysis to monitor service delivery. Participants emphasized the need for strategic information systems capable of collecting and synthesizing “real-time” data for monitoring service delivery and patient outcomes at the facility level, including for assessing uptake of guidelines as part of national cascades. The session noted WHO’s work on developing standardized and harmonized indicators for tracking and assessing the performance and results of HIV programmes.

STAC made the following general comments and recommendations:

17. STAC 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) and for complementing the guidelines with implementation guidance and support.
18. STAC endorses WHO’s efforts to use its convening role among the main HIV partners 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 outlined in the Consolidated Strategic Information Guidelines by all key partners.

“TREAT ALL” TO ACHIEVE THE 90-90-90 TARGETS AND REDUCE HIV-RELATED DEATHS

Treat All” to achieve the 90-90-90 targets and reduce HIV-related deaths

During Session 7a Dr Meg Doherty, Coordinator of HIV Treatment and Care in the HIV Department, provided an overview of WHO’s current and pending work related to HIV treatment and chronic care, including updated antiretroviral guidelines, optimization of antiretroviral therapy (ART), differentiated service delivery, strengthened treatment adherence and retention in care, and the management of coinfections and comorbidities. Dr Haileyesus Getahun, from the WHO Global Tuberculosis Programme, presented on key areas of HIV and TB collaboration and preparations for the Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: a Multisectoral Response and the United Nations General Assembly Special Session in 2018. Discussions highlighted the ongoing need for improved paediatric formulations and raised concerns about rising drug resistance, as well as factors that are compromising reliable access to quality medicines and diagnostics.

STAC made the following general comments and recommendations:

19. STAC applauds WHO’s rapid translation of new evidence on HIV treatment, testing and prevention into consolidated policy guidance, including for universal, early treatment and pre-exposure prophylaxis, and notes the rapid country-level policy adoption of WHO’s 2015 HIV treatment guidelines
20. STAC notes with concern that treatment access remains unacceptably low in some countries and particularly for key populations. It requests that 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.
21. STAC notes with concern the low coverage of viral load testing in most countries and encourages 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.
22. STAC commends WHO’s activities to strengthen the surveillance and control of drug-resistant tuberculosis, which is also an increasingly important cause of morbidity and mortality in HIV-infected individuals. 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.
23. STAC notes that WHO is in the process of launching a global action plan on HIV drug resistance that will be linked to efforts 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.
24. STAC recommends that WHO strengthen country-level support for preventing, diagnosing and treating paediatric tuberculosis in children coinfecting with HIV, noting the limited capacity in many low- and middle-income countries to reliably diagnose paediatric tuberculosis.

ADDRESSING THE PREVENTION GAP: REDUCING NEW HIV INFECTIONS

Session 8a was introduced by Dr Rachel Baggaley, Coordinator of Key Populations and Innovative HIV Prevention, with a presentation of WHO's work related to HIV prevention and the first "90" (HIV testing), with a particular focus on new directions and innovations. Discussion emphasized the need for improved and more effective prevention interventions for adolescent girls and young women, and for key populations. A need for greater availability of pre-exposure prophylaxis, particularly for men who have sex with men and transgender populations in all regions and for sex workers (of all genders), where incidence continues to remain high, was highlighted. The significant progress in providing voluntary medical male circumcision was noted, as was the need to build on this success and not lose the momentum for this highly cost-effective and acceptable intervention. Participants supported the rollout of HIV self-testing and community-based testing, but emphasized the ongoing need to protect confidentiality.

The session also included a panel discussion on the Start Free, Stay Free, AIDS Free framework, including Dr Von Zinkernagel from the UNAIDS Secretariat, Dr Chewe Luo from UNICEF, Dr Charles Lyons from the Elizabeth Glaser Paediatric AIDS Foundation, Dr Tsitsi Apollo from Zimbabwe and Dr Martina Penazzato from the WHO HIV Department. The framework promotes efforts to end AIDS in children, adolescents and young women by 2020 using a life-cycle approach to the HIV response, linking prevention, testing, treatment and care. Participants noted the framework and highlighted the manner in which it promised to marshal partnerships to achieve country-level impact.

STAC made the following general comments and recommendations:

25. STAC notes that while most of the priority countries in eastern and southern Africa have made strong progress in implementing voluntary medical male circumcision (VMMC) programmes, uptake of this important intervention now appears to be slowing in some settings due to diminishing demand. STAC recommends that WHO consider updating its implementation guidance for VMMC to include strategies to increase demand for VMMC.
26. STAC commends WHO for its guidance on pre-exposure prophylaxis (PrEP) as part of a comprehensive prevention strategy. 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 men who have sex with men and for sex workers of all genders at increased risk as an element of comprehensive combination prevention.
27. STAC notes the new joint framework entitled "Start Free, Stay Free, AIDS-Free" presents opportunities and costs at country level and recommends that WHO encourages pragmatic implementation of the framework based on country need, focusing mainly on promoting and supporting the development and use of improved paediatric diagnostics and formulations.

DELIVERING HIV SERVICES IN COUNTRIES FOR GREATEST IMPACT

Session 9a considered WHO's support for country capacity building and technical support for an effective HIV response, including through its focus on "Fast-Track" countries, strategic information for focused action, national strategic planning and working with partners (including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief – PEPFAR, non-governmental organizations, civil society and others). Dr Mazuwa Banda from the HIV Department presented on WHO's approach for intensifying country support.

STAC made the following general comments and recommendations:

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 recommends that this support be expanded to promote the establishment and harmonization of electronic data systems that capture and report on patient-level outcomes, while guarding the confidentiality and security of each individual's data.
29. STAC recommends that 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.
30. STAC recommends that WHO maintain its country-level support for evidence-based planning and decision-making that addresses social, cultural and other barriers.
31. STAC notes that WHO actively 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.
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. 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.

VIRAL HEPATITIS STREAM

IMPLEMENTATION OF THE GLOBAL HEALTH SECTOR STRATEGY ON VIRAL HEPATITIS, 2016-2021

During session 6a Dr Marc Bulterys and Dr Yvan Hutin from the Global Hepatitis Programme presented on WHO's accomplishments in the past year in galvanizing a strengthened global response to viral hepatitis. Participants noted in particular the development of new normative guidance and intensified efforts to mobilize and convene stakeholders at the global level. The session also recognized that the achievements were made despite relatively limited human and financial resources in the Global Hepatitis Programme.

STAC emphasized the importance of global advocacy to convey urgent need for an effective response to viral hepatitis. It was suggested that WHO could improve the dissemination of the GHSS on Viral Hepatitis and supporting documents and develop and share a country support plan aligned with the GHSS on Viral Hepatitis and related targets. In addition, STAC noted the importance of monitoring the uptake and implementation of the GHSS on Viral Hepatitis and WHO hepatitis guidelines.

Participants highlighted viral hepatitis surveillance as a vital component of country responses. It was suggested that WHO could provide guidance to countries on implementing low-cost, high-quality surveillance systems and on utilizing innovative ways of collecting data in order to accelerate the initial assessment phases. Training and support to countries in developing integrated monitoring and evaluation tools are also needed.

Integration and intersectoral collaboration were repeatedly highlighted in this session. STAC noted that WHO can effectively engage all key stakeholders at regional and country levels to ensure that the viral hepatitis response is not fragmented. It was suggested that WHO produce guidance on integrating comprehensive surveillance systems and service delivery, while noting that integration may not be feasible or effective in all settings.

STAC made the following general comments and recommendations:

- 33.** STAC commends WHO on developing, disseminating and supporting implementation of the GHSS on Viral Hepatitis at global, regional and country levels. 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.
- 34.** STAC recommends that WHO monitor the global response to viral hepatitis and encourage countries to achieve the 2020 and 2030 GHSS targets by:
 - 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, analysing 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 ongoing monitoring of uptake and implementation of guidelines, strategies and targets.
- 35.** STAC reiterates its concern that a highly effective treatment for hepatitis C virus exists, yet is not available at affordable prices to the people who need it in many countries.
- 36.** 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. 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.

TOWARDS TREATING ALL: CURING CHRONIC HCV AND TREATING CHRONIC HBV

Dr Philippa Easterbrook provided an introductory presentation for Session 7b, which reviewed WHO's work on viral hepatitis testing, treatment and chronic care, with a particular focus on new directions and innovations, including: (i) hepatitis testing strategies and technologies; (ii) rapidly evolving HCV medicines; (iii) chronic HBV treatment; chronic care for people with hepatitis and liver disease; and (iv) access to medicines and diagnostics.

Participants commented on the need for guidance on how to enhance and simplify testing and treatment ("simplification for scaling up"). This guidance can include but not be limited to workforce development in hepatitis service delivery, simplified service delivery models (including task-shifting) and increased research and development for new technologies to simplify testing.

Comments included recommendations that WHO support the improvement of capacity and quality of laboratory networks and that there exists a lack of quality, affordable diagnostics in the context of surveillance, prevention and identifying persons in need of treatment. It was noted that the WHO prequalification process is key to improving access to quality medicines and diagnostics; however, it is perceived to be too slow. STAC suggested that WHO work with partners to develop a mechanism for prioritizing which drugs and diagnostics should be prequalified. Immediate priorities include the pan-genotypic drugs for HCV treatment and simple, quality diagnostics.

STAC made the following general comments and recommendations:

37. STAC reiterates the need for WHO to utilize its role as a global advocate to communicate a "sense of urgency" to countries on the need for scaled-up, effective viral hepatitis responses.
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 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.

- 39.** STAC requests that WHO assist countries to improve the capacity and quality of laboratory and point-of-care hepatitis testing and clinical monitoring, including through the following mechanisms:
- 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.
- 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.

ADDRESSING THE PREVENTION GAP: REDUCING NEW VIRAL HEPATITIS INFECTIONS

Session 8b included a panel with presentations on hepatitis prevention. The panel comprised various WHO departments working on different aspects of the prevention of HBV and HCV infection, including: Dr Benedetta Allegranzi from the Department of Service Delivery and Safety, who presented on blood safety, injection safety and patient safety; Annette Verster from the Department of HIV, who presented on key populations with a focus on harm reduction for people who inject drugs; and Dr Ana Maria Henao Restrepo from the Department of Immunization, Vaccines and Biologicals, who presented on vaccines with a particular focus on HBV vaccination.

STAC urged WHO to advocate more strongly at international level and with governments for changes in drug policies that affect people who inject drugs, as well as for the provision of tailored and comprehensive health services (including treatment and management of comorbidities, vaccination, HBV and HCV treatment, opioid substitution therapy for opioid users, and needle and syringe programmes within a comprehensive harm reduction package) for people who inject drugs.

Regarding infection prevention and control (IPC), STAC noted the need for ongoing support for reducing unnecessary injections and for greater collaboration between the WHO Global Hepatitis Programme, other departments in WHO, national IPC counterparts and outbreak surveillance. Such collaboration could improve IPC, particularly in informal healthcare settings and in other high-risk settings, such as dialysis centres.

Concern was raised about the continuing stigma and discrimination in healthcare settings. STAC recommended that WHO support the education of healthcare workers related to IPC and stigma and discrimination to ensure a patient-centred approach prevails.

STAC made the following general comments and recommendations:

41. STAC recognizes that the prevention of viral hepatitis infection remains a priority.
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.
43. STAC recommends that WHO continues to support countries to develop comprehensive harm-reduction programmes.
44. STAC urges WHO to work with countries to prevent discrimination and stigma against people who are at risk of viral hepatitis infection, including in healthcare settings.
45. STAC requests that WHO prioritize the specific recommendation made by STAC-HEP in 2015, which called on WHO to,

[E]xtend 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, cosmetic procedures and to deal with the specific requirements of safe injecting equipment for people who inject drugs.

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.

STAC made the following general comments and recommendations:

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. It requests that WHO develop indicators for countries to monitor infection prevention and control implementation.
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.

DELIVERING HEPATITIS SERVICES IN COUNTRIES FOR GREATEST IMPACT

Session 8b, on country implementation, started with a presentation by Dr Hande Harmanci, which focused on country capacity building and technical support, including actions in viral hepatitis focus countries, strategic information for focused action, national strategic planning and the roles of partners. A panel of regional office staff, development partners and country implementers described the role of WHO in supporting countries to undertake national assessments, develop national strategies and plans, adapt and implement global guidance, develop country capacity for implementation and monitor progress. The panel included Dr Gamal Esmet from Egypt, Charles Gore from the World Hepatitis Alliance, Dr Huma Qureshi from Pakistan, Dr John Ward from the United States Centers for Disease Control and Prevention, and Dr Rana Hajjeh from the WHO Regional Office for the Eastern Mediterranean.

STAC discussed the need for a country-driven hepatitis response in collaboration with WHO, civil society and national committees on viral hepatitis. Participants felt that countries should utilize scientific research and implementation evidence to plan and implement a viral hepatitis response and use media engagement to raise awareness and garner political commitment. WHO can work with countries to collate, analyse and disseminate information on good practices and lessons learned from implementing viral hepatitis responses. In addition, WHO can support countries in assessing the appropriate level of integration and collaboration within governments and ministries of health.

Finally, STAC noted the need for increased investment in human resource capacity within WHO country offices, particularly in priority, high-burden countries. It urged that WHO fully integrate activities aimed at reaching the elimination targets, at headquarters, with other WHO departments, and at regional and country offices.

STAC made the following general comments and recommendations:

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. STAC recommends that WHO provide a clear timeline and plan for the provision of support to the focus countries.
49. STAC recommends that WHO invest in human resource capacity for viral hepatitis in WHO country and regional offices, particularly in priority, high-burden countries.

CONCLUSIONS

The meeting concluded with STAC presenting its recommendations to the WHO Secretariat.

STAC members provided a final round of comments, reflecting on the proceedings and outcome of the meeting. There was generally strong support for strengthening linkages between HIV and viral hepatitis, including with regard to WHO's work and also with country programmes. There was also a call to look at broader opportunities for strengthening linkages and where appropriate integration across other communicable disease areas, notably with tuberculosis and sexually transmitted infections. At the same time, the HIV and hepatitis agendas need to be firmly imbedded in broader health and development efforts, within the frameworks of Universal Health Coverage and the 2030 Agenda for Sustainable Development.

Innovations in HIV service delivery, such as decentralization, integration, task-sharing and partnerships between community organizations and formal health services, can be applied to other health areas, including for delivering long-term treatment and care for other chronic health problems as well as non-communicable diseases.

The partnership with civil society organizations has been crucial to the success of the HIV response to date and should continue to be prioritized and supported as increasing proportions of new HIV infections are among persons from key populations and also feature prominently in viral hepatitis epidemics.

ANNEXES

- STAC terms of reference
- List of meeting participants
- Meeting agenda



TERMS OF REFERENCE FOR THE STRATEGIC AND TECHNICAL ADVISORY COMMITTEE ON HIV AND VIRAL HEPATITIS DECEMBER 2016

1. Functions

The mission of the Strategic and Technical Advisory Committee on HIV and Viral Hepatitis (STAC-HIVHEP) will be to contribute to the global response towards the elimination of HIV and viral hepatitis as public health threats by providing state-of-the-art scientific, strategic and technical advice to WHO. It will have the following functions:

- 1.1.** to provide to the Director-General independent evaluation of the strategic, scientific and technical aspects of the World Health Organization's programme of work on HIV and viral hepatitis;
- 1.2.** to review from a strategic and technical perspective, WHO collaboration with, and support to, countries' efforts to respond to HIV and viral hepatitis epidemics, including the provision of guidance and capacity-building on policies, strategies, standards and normative guidance;
- 1.3.** to review and make recommendations on the establishment of committees, working groups, and other means through which scientific and technical matters relating to HIV and viral hepatitis are addressed;
- 1.4.** to advise on priorities for WHO's programme of work on HIV and viral hepatitis in the context of a) WHO's mandate and corporate strategy; b) the relevant activities and programmes of partner organizations; c) trends in HIV and viral hepatitis epidemics; and d) the health sector response to HIV and viral hepatitis epidemics;
- 1.5.** pursuant to the above functions, to submit to the Director-General, through the HIV/AIDS, TB, Malaria and Neglected Tropical Diseases cluster, such technical documents, reports and recommendations as it deems necessary.

2. Membership

- 2.1. Members of STAC-HIVHEP shall be appointed by the Director-General on the basis of their scientific and technical competence. The group shall consist of between 35 and 45 members, selected after a broad consultation with WHO Regional Offices and other Headquarters Departments contributing to WHO's programme of work on HIV and viral hepatitis.
- 2.2. Optimum diversity in terms of professional background, gender, geographical representation, international standing and affiliations will be considered.
- 2.3. Members of STAC-HIVHEP must respect the impartiality and independence from any Government or from any authority external to the Organization. They must be free of real, potential or apparent conflict of interest. Prior to being appointed as Members of STAC-HIVHEP, and prior to renewal of term, nominees shall be subject to conflict of interest assessment by WHO based on information that they will disclose on the WHO Declaration of Interest (DOI) form. In addition, Members of STAC-HIVHEP have an ongoing obligation throughout their tenure to inform WHO of any changes to the information that they have disclosed on the DOI form. Summaries of relevant disclosed interests that may be perceived to give rise to real or apparent conflicts of interest will be noted in the STAC-HIVHEP reports which will in turn be made public, as appropriate.
- 2.4. Membership in STAC-HIVHEP may be terminated by WHO, including, for any of the following reasons:
 - a. failure to attend two consecutive STAC-HIVHEP meetings;
 - b. change in affiliation resulting in a conflict of interest;
 - c. a lack of professionalism involving, for example, a breach of confidentiality.
- 2.5. Two STAC-HIVHEP Chairs will be nominated by the Director-General selected from among STAC Members, one with an HIV focus and the other with a hepatitis focus. Two Co-Chairs will be nominated by the Director-General to support the two Chairs, one with an HIV focus and the other with a hepatitis focus.
- 2.6. Members of STAC-HIVHEP, including the Chairs, will be appointed to serve for a period of up to three years and will be eligible for re-appointment but may not serve more than two consecutive terms.
- 2.7. One third, or more, of the Members of STAC-HIVHEP will be rotated off STAC-HIV every three years. The position of Chairs should be rotated every three years.
- 2.8. The HIV Department will serve as the Secretariat to STAC-HIVHEP.
- 2.9. The Chair of the WHO Strategic and Technical Advisory Group on Tuberculosis (STAG-TB) will participate in STAC-HIVHEP as a full STAC member to ensure linkages across STAC-HIVHEP and STAG-TB.
- 2.10. The Director-General may invite key partner institutions, including the UNAIDS Secretariat, UNAIDS cosponsors, UNITAID, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief to nominate representatives, who will be invited to participate in meetings of STAC to present the views and policies of their organizations and to contribute to the discussions in STAC. They will not participate in the process of adopting the final decisions or recommendations of STAC. In addition to the Members, STAC-HIVHEP may recommend that selected experts be invited by the WHO Secretariat to attend STAC-HIVHEP meetings as advisors on specific issues when their technical collaboration is required.

3. Roles and responsibilities of STAC-HIVHEP Members

- 3.1.** Members have a responsibility to provide WHO with high quality, well considered advice and recommendations and to be committed to the development and improvement of public health.
- 3.2.** Members play a critical role in ensuring the reputation of STAC-HIVHEP as an internationally recognized advisory group in the field of HIV.
- 3.3.** The group has no executive or regulatory functions; it is solely to provide advice and recommendations to the Director-General of WHO.
- 3.4.** Information and documentation to which members may gain access in performing STAC-HIVHEP-related activities will be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. STAC-HIVHEP Members shall not purport to speak on behalf of, or represent, STAC-HIVHEP or WHO to any third party. WHO reserves the right to require Members to sign a WHO confidentiality agreement, as needed depending on the items to be addressed at each STAC-HIVHEP meeting. All Members shall sign the standard agreement for WHO temporary advisers. Although some papers presented at STAC-HIVHEP may be made publicly available on the WHO website, documents which are prepublication manuscripts or confidential documents from private companies or other documents and information that WHO may determine as being confidential, will be clearly labelled as such and will only be provided to STAC-HIVHEP Members for discussion.

4. Meetings

- 4.1.** Meetings of STAC-HIVHEP will normally be convened at least once every two years. STAC may decide to delay a full meeting of the group by one year. In intervening years, it may, however, decide to hold a meeting of an executive subgroup in addition to a meeting of the full STAC, in the event that special issues need to be considered.
- 4.2.** WHO may convene additional meetings, including through teleconferences and videoconferences, on an ad hoc basis, as decided by the Director-General.
- 4.3.** Members of STAC-HIVHEP will not be remunerated for their participation in STAC-HIVHEP, however; reasonable travel expenses incurred by attendance at STAC-HIVHEP or related meetings will be compensated by WHO in accordance with applicable WHO rules and policies.

5. Reports

- 5.1.** A report on each meeting shall be prepared by STAC-HIVHEP and submitted to the Director-General.
- 5.2.** All recommendations from STAC-HIVHEP are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by STAC-HIVHEP. WHO also retains full control over the publication of the reports of STAC-HIVHEP, including whether or not to publish the reports.

WHO STRATEGIC AND TECHNICAL ADVISORY COMMITTEE ON HIV AND VIRAL HEPATITIS (STAC-HIVHEP)

13-15 March 2017
WHO/HQ, Executive Board (EB) Room

LIST OF PARTICIPANTS

<p>Salim Abdool Karim (Chair) CAPRISA – Centre for the AIDS Programme of Research in South Africa Durban - South Africa email: Salim.AbdoolKarim@caprisa.org</p>	<p>Adele Benzaken (HIV Co-Chair) Ministry of Health STI, Aids and Viral Hepatitis Department Brasilia - Brazil email: adele.benzaken@aids.gov.br</p>
<p>Ibrahim Abubaker Institute for Global Health University College London London - UK email: i.abubakar@ucl.ac.uk</p>	<p>Chris Beyrer Johns Hopkins Center for Public Health and Human Rights Baltimore - USA email: cbeyrer@jhsph.edu</p>
<p>Rakesh Aggarwal (unable to attend) Sanjay Gandhi Postgraduate Institute of Medical Sciences Lucknow - India email: aggarwal.ra@gmail.com</p>	<p>Ambassador Deborah Birx (unable to attend) U.S. Global AIDS Coordinator U.S. Department of State Washington - USA</p>
<p>Andrew Amato European Centre for Disease Prevention and Control (ECDC) Solna - Sweden email: Andrew.Amato@ecdc.europa.eu</p>	<p>Jean-François Delfraissy Agence nationale de recherches sur le sida et les hépatites virales (ANRS) Paris - France email: jf.delfraissy@anrs.fr</p>
<p>Tsi-tsi Apollo Ministry of Health and Child Welfare AIDS and TB Unit Harare - Zimbabwe email: tsitsiapollo1@gmail.com</p>	<p>Serge Eholie Treichville Hospital University of Abidjan Abidjan – Cote d'Ivoire email: speholie@afnet.net</p>
<p>Than Tun Aung Ministry of Health Yangon - Myanmar email: aungthantundr@gmail.com</p>	<p>Bersabel Ephren Public Health Agency of Canada Ontario - Canada email: bersabel.ephrem@phac-aspc.gc.ca</p>
<p>Javier Hourcade Bellocq Board of the Global Network of People living with HIV (GNP+) Buenos Aires - Argentine email: javier.bellocq@gmail.com</p>	<p>Gamal Esmat Faculty of Medicine Cairo University Cairo - Egypt email: gesmat@cu.edu.eg</p>
<p>Xia Gang National Health and Family Planning Commission Beijing - China email: xiagang@nhfpc.gov.cn</p>	<p>Xiaofeng Liang Chinese Center for Disease Control (China CDC) Beijing - China email: liangxf@hotmail.com</p>

<p>Charles Gore World Hepatitis Alliance London - UK email: Charles.Gore@hepctrust.org.uk</p>	<p>Nguyen Hoang Long HIV/AIDS Control (VAAC), Ministry of Health Hanoi - Vietnam email: longmoh@yahoo.com</p>
<p>Margaret Hellard (Chair) Centre for Population Health, Burnett Institute Melbourne - Australia email: hellard@burnet.edu.au</p>	<p>Jens Lundgren University of Copenhagen Copenhagen - Denmark email: jdl@cphiv.dk</p>
<p>Aikichi Iwamoto Agency for Medical Research and Development Tokyo - Japan email: aikichi935@gmail.com</p>	<p>Keletso Makofane The Global Forum on MSM & HIV, (MSMGF) Johannesburg - South Africa email: kmakofane@msmgf.org</p>
<p>Florence Zeh Kakanou HIV and Hepatitis Specialist Ministry of Public Health Yaounde - Cameroon email: florencezk16@gmail.com</p>	<p>Ludmila Maistat International HIV/AIDS Alliance in Ukraine Kyiv - Ukraine email: maistat@aidsalliance.org.ua</p>
<p>Ahmed Khatib Zanzibar AIDS Control Programme Ministry of Health and Social Welfare Zanzibar - Tanzania email: Ahmedbenga@yahoo.com</p>	<p>Othman Mellouk International Treatment Preparedness Coalition Marrakesh - Morocco email: omellouk@itpcglobal.com</p>
<p>Olufunmilay Lesi (Hepatitis Co-Chair) Lagos University Hospital University of Lagos Lagos - Nigeria email: fulesi2@yahoo.com</p>	<p>Rebecca Matheson (unable to attend) International Community of Women Living with HIV (ICW) Nairobi - Kenya email: globaldirector@iamicw.org</p>
<p>Isabelle Andrieux-Meyer Drugs for Neglected Diseases initiative (DNDI) Geneva - Switzerland email: iandrieux-meyer@dndi.org</p>	<p>Rosmawati Mohamed Department of Medicine- University of Malaya Kuala Lumpur - Malaysia email: ros@ummc.edu.my</p>
<p>Huma Qureshi Pakistan Medical Research Council Islamabad - Pakistan email: drhumapmrc@gmail.com</p>	<p>Philippa Musoke Department of Paediatrics and Child Health Makerere University Kampala - Uganda email: pmusoke@mujhu.org ww</p>
<p>Marcello Silva Hospital Austral Buenos Aires - Argentina email: MSILVA@cas.austral.edu.ar</p>	<p>Natalya Nizova Ukrainian Center for Socially Dangerous Disease Control, Ministry of Health Kiev - Ukraine email: nizova@ukraids.gov.ua</p>
<p>Annette Sohn TREAT Asia/amfAR The Foundation for AIDS Research Bangkok - Thailand email: annette.sohn@treatasia.org</p>	<p>Khuat Thi Hai Oanh Centre for Supporting Community Development Initiatives (SCDI) Hanoi - Vietnam email: oanhkhuat@scdi.org.vn</p>

<p>Mark Sonderup University of Cape Town Groote Schuur Hospital Cape Town - South Africa email: msonderup@samedical.co.za</p>	<p>Dasha Ocheret Eurasian Harm Reduction Network (EHRN) Vilnius - Lithuania email: dasha@harm-reduction.org</p>
<p>Dédé Oetomo GAYa NUSANTARA Foundation Surabaya - Indonesia email: doetomo@gmail.com</p>	<p>Evgeny Voronin Ministry of Health Care Moscow - Russian Federation email: evoronin1@rambler.ru</p>
<p>John Ward CDC Division of Viral Hepatitis Centers for Disease Control and Prevention Atlanta - USA</p>	<p>Praphan Phanuphak (unable to attend) The Thai Red Cross AIDS Research Centre Bangkok - Thailand email: Praphan.P@chula.ac.th.th</p>
<p>Charlotte Watts (unable to attend) London School of Hygiene and Tropical Medicines London - UK email: charlotte.watts@lshtm.ac.uk</p>	<p>Yogan Pillay HIV/Aids, TB and MCWH National Department of Health Pretoria - South Africa email: pillay@health.gov.za</p>
<p>Kay Thi Win Asia Pacific Network of Sex Workers (APNSW) Bangkok - Thailand email: ms.kthi@gmail.com</p>	

WHO SECRETARIAT HEADQUARTERS

<p>Ren Minghui Assistant Director-General HIV, TB, Malaria & Neglected Tropical Diseases email: renm@who.int</p>	<p>Hande Harmanci Medical Officer Department of HIV email: hermanceh@who.int</p>
<p>Gottfried Hirschall Director Department of HIV email: hirschallg@who.int</p>	<p>Yvan Hutin Technical Officer Department of HIV email: hutiny@who.int</p>
<p>Andrew Ball Senior Advisor, Strategy, Policy & Equity Department of HIV email: balla@who.int</p>	<p>Philippa Easterbrook Scientist Department of HIV email: easterbrookp@who.int</p>
<p>Rachel Baggaley Coordinator, Key Populations and Innovative Prevention Department of HIV email: baggaley@who.int</p>	<p>Annette Verster Technical Officer Department of HIV email: versteran@who.int</p>
<p>Meg Doherty Coordinator, HIV Treatment and Care Department of HIV email: dohertym@who.int</p>	<p>Martina Penazzato Medical Officer Department of HIV email: penazzatom@who.int</p>
<p>Daniel Low-Beer Coordinator, Strategic Information and Planning Department of HIV email: lowbeerd@who.int</p>	<p>Andrew Seale Consultant Department of HIV email: sealean@who.int</p>
<p>Marc Bulterys Team Leader, Global Hepatitis Programme Department of HIV email: bulterysm@who.int</p>	<p>Hein Marais Rapporteur Department of HIV email: hein@marais.as</p>
<p>Mazuwa Andrew Banda Technical Officer, Country Support Team Department of HIV email: bandam@who.int</p>	<p>Sarah Hess Consultant and Rapporteur Department of HIV email: hesss@who.int</p>

REGIONAL & COUNTRY OFFICES

<p>AFRO (Country Office) Rufaro Chatora WHO Representative - South Africa email: chatorar@who.int</p>	<p>AFRO (Regional Office) Frank Lule Regional Adviser email: lulef@who.int</p>
<p>AMRO (Regional Office) Marco Espinal Director, Communicable Diseases and Health Analysis email: espinalm@paho.org</p>	<p>AMRO (Regional Office) Massimo Ghidinelli Unit Chief, HIV, Hepatitis, Tuberculosis, and STDs email: espinalm@paho.org</p>
<p>EMRO (Regional Office) Rana Hajjeh Director, Division of Communicable Disease Control email: hajjehr@who.int</p>	<p>EURO (Regional Office) Masoud Dara Coordinator, Communicable Diseases & Health Security email: daram@who.int</p>
<p>EMRO (Regional Office) Gabriele Riedner Regional Adviser, HIV/AIDS/STD email: riednerg@who.int</p>	<p>WPRO (Regional Office) Mark Jacobs Director, Combating Communicable Diseases email: jacobsma@wpro.who.int</p>
<p>SEARO (Regional Office) Razia Pendse Regional Adviser, HIV/AIDS and STI email: pendsera@who.int</p>	<p>WPRO (Regional Office) Po-Lin Chan Technical Officer email: chanpo@who.int</p>

OTHER WHO DEPARTMENTS

<p>Mental Health and Substance Abuse Vladimir Poznyak Coordinator email: poznyakv@who.int</p>	<p>Global TB Programme Haileyesus Getahun Gebre Coordinator, THC-TB/HIV and Engagement email: getahunh@who.int</p>
<p>Immunization, Vaccines and Biologicals Jean-Marie Okwo-Bele Director email: okwobelej@who.int</p>	<p>Strategy, Policy and Information Christopher Dye Director email: dyec@who.int</p>
<p>Service Delivery and Safety Benedetta Allegranzi Director email: kelleye@who.int</p>	<p>Reproductive Health and Research Melanie Taylor Medical Officer email: mtaylor@who.int</p>
<p>Reproductive Health and Research James Kiarie Coordinator email: kiariej@who.int</p>	<p>Reproductive Health and Research Igor Toskin Scientist email: toskini@who.int</p>
<p>Reproductive Health and Research Manjulaa Narasimhan Scientist email: narasimhanm@who.int</p>	<p>Essential Medicines and Health Products Peter Beyer Senior Advisor email: beyerp@who.int</p>

PARTNER ORGANIZATIONS

<p>Bill & Melinda Gates Foundation Peter Ehrenkranz HIV Team email: Peter.Ehrenkranz@gatesfoundation.org</p>	<p>Elizabeth Glaser Paediatric AIDS Foundation Charles Lyons President and CEO email: clyons@pedaids.org</p>
<p>The Global Fund to Fight AIDS, TB and Malaria Ade Fakoya HIV Senior Adviser email: Ade.Fakoya@theglobalfund.org</p>	<p>International Agency for Research on Cancer (IARC) Martyn Plummer Section of Infections email: plummerm@iarc.fr</p>
<p>UNAIDS Luiz Loures (unable to attend) Deputy Executive Director email: louresl@unaids.org</p>	<p>UNAIDS Deborah Von Zinkernagel Coordinator, Policy and Programme email: VonzinkernagelD@unaids.org</p>
<p>UNICEF Chewe Luo Chief, HIV/AIDS Programme Division email: cluo@unicef.org</p>	<p>The World Bank David Wilson Program Director, Global HIV/AIDS Program email: dwilson@worldbank.org</p>
<p>UNITAID Carmen Perez Casas Technical Officer email: perezcasasc@who.int</p>	<p>International Community of Women Living with HIV (ICW) Florence Anam Nairobi - Kenya email: advocacy@iamicw.org</p>
<p>UNITAID Catherina Timmermans Technical Officer email: timmermansc@who.int</p>	

FIRST MEETING OF THE WHO STRATEGIC AND TECHNICAL ADVISORY COMMITTEE ON HIV AND VIRAL HEPATITIS (STAC-HIVHEP)

13-15 March 2017

World Health Organization, Geneva, Switzerland

Agenda (28 February 2017)

MONDAY 13 MARCH 2017

08:30 – 09:00	Morning Refreshments and Registration	
09:45 – 10:45	<p>Session 1: Welcome & Introductions</p> <ul style="list-style-type: none"> • Welcome & opening remarks • Introductions (by STAC Chairs) • Declarations of Interest • Meeting objectives, agenda and process 	<p>Ren Minghui Gottfried Hirschall Salim Abdool Karim Margaret Hellard Andrew Ball</p>
09:45 – 10:45	<p>Session 2: Setting the Scene</p> <ul style="list-style-type: none"> • Background documents: <ul style="list-style-type: none"> • 2016 HIV progress report • 2016 hepatitis access report • Report on implementation of 2015 HIV and Hepatitis STACs recommendations. • STAC Technical Brief • Presentation: Report from Director HIV & GHP (30 m) <p>Director HIV and Global Hepatitis Programme to make a presentation to set the scene for the meeting, including: a review of HIV and hepatitis epidemics, contexts and response; implications of the Sustainable Development Goals for HIV and viral hepatitis responses; adoption of the Global Health Sector Strategies on HIV and Viral Hepatitis; WHO highlights from the past 2 years; and WHO plans for the future.</p> <ul style="list-style-type: none"> • Presentation: Perspective from UNAIDS (5 m) • Panel: Regional and country perspectives (20 m) <p>WHO country and regional staff to respond to the Director's report and highlight regional and country issues.</p>	<p>Gottfried Hirschall</p> <p>Luiz Loures</p> <p>Rufaro Chatora Masoud Dara Marcos Espinal Rana Hajjeh</p>
10:45 - 11:15	Break	
11:15 - 12:30	<p>Session 2: Setting the Scene (Continued)</p> <ul style="list-style-type: none"> • Plenary discussion: STAC response to WHO HIV Director's report Open discussion based on interventions by HIV Director, UNAIDS and Regional Offices. 	STAC

12:30 – 13:30	Lunch	
13:30 – 15:00	<p>Session 3: HIV and Viral Hepatitis, Universal Health Coverage and the Sustainable Development Goals</p> <p>The session provides an opportunity for STAC members to consider how the 2030 Agenda for Sustainable Development and other new directions in international public health will impact on HIV and hepatitis epidemics and responses and how global and country responses need to adapt, lead and remain relevant. It will consider global targets and allow for plenary discussion on the implications of such targets – more ambitious than the MDGs at a time when the development and health agendas have been broadened.</p> <ul style="list-style-type: none"> • Background documents: <ul style="list-style-type: none"> • Executive Board paper 140/32: Progress in the implementation of the 2030 Agenda for Sustainable Development • STAC Technical Brief: HIV and Viral Hepatitis in the era of the Sustainable Development Goals. • Presentation: Overview of the high-level strategic frameworks guiding the HIV and hepatitis responses – 2030 Agenda for Sustainable Development, Universal Health Coverage and the Global Health Sector Strategies (15 m) <p>A brief overview of the strategic frameworks (SDGs and UHC) and relevance to HIV and viral hepatitis (including linkages with other relevant SDGs and SDG3 targets, concept of elimination targets, universal health coverage, continuum of services and a public health approach). What are the potential synergies across the HIV and hepatitis responses? Where do disease-specific programmes fit within a UHC framework? Do we need to do things differently, and, if so, what and how?</p> <ul style="list-style-type: none"> • Plenary discussion: Given the new public health and development agendas what are likely to be the major challenges over the next two years and what will/should be the high-level priorities for HIV and viral hepatitis programmes? Discussion areas to cover: <ul style="list-style-type: none"> • Integrating HIV and viral hepatitis into essential health packages; • Addressing health inequities; • Financing for a sustainable health response 	<p>Christopher Dye</p> <p>STAC</p>
15:00 – 15:15	Break	

15:15 – 16:30

Session 4: Ensuring access to affordable and quality HIV and hepatitis medicines, diagnostics and other commodities

The session will focus on access to HIV and hepatitis commodities required to meet global targets. It will cover issues such as: simplification of regimens and technologies; costs and price reduction strategies; medicines and diagnostics forecasting; prequalification; procurement and supply management; and major gaps in treatment access (e.g. paediatric medicines and formulations).

- Background documents:
 - Global report on access to hepatitis C treatment
 - Access to HIV medicines and diagnostics
 - Access to essential HIV and viral hepatitis medicines, diagnostics and other commodities
 - STAC Technical Brief: Access to HIV and hepatitis diagnostics and medicines

- Presentation: Improving access to medicines and diagnostics to achieve global targets for the elimination of HIV and viral hepatitis (10 m)

An overview of key elements to an access strategy for HIV and hepatitis medicines and other commodities.

- Plenary discussion: What needs to be done to ensure uninterrupted access to affordable and quality medicines and diagnostics to achieve global and country targets, with a particular focus on cross-cutting and systems approaches? Where should investments be focused, where are the greatest gaps? Plenary discussion should focus on broad approaches to:
 - Making medicines and diagnostics more affordable
 - Ensuring the quality of medicines and diagnostics Ensuring reliable supplies

Suzanne Hill

STAC

16:30 – 17:45	<p>Session 5: Delivering in countries for greatest impact</p> <p>The session will focus on efforts to accelerate country implementation of HIV and viral hepatitis programmes towards achieving global targets. It will cover: WHO approaches to providing technical assistance and developing country capacity; strategic information to guide country responses; implementation of WHO guidelines; working with partners in countries.</p> <ul style="list-style-type: none"> • Background document: <ul style="list-style-type: none"> • STAC Technical Brief: WHO work in supporting countries to achieve HIV and viral hepatitis targets • Presentation: WHO working in countries (10 m) Introduction of how WHO works to support countries • Panel discussion: WHO working with partners in countries The panel will include a range of stakeholders (STAC members and partner organizations) involved in supporting the delivery of HIV and hepatitis programmes and services in countries, including individuals working in national programmes, donors and civil society. Panel members will provide their perspectives on WHO's role in countries. Country case study from South Africa (National AIDS Programme and WHO Country Office). • Plenary discussion: How can WHO be more effective in working in countries? 	<p>Gottfried Hirnschall</p> <p>Adele Benzaken Rufaro Chatora Ade Fakoya Gamal Esmat Florence Anam Yogan Pillay</p> <p>STAC</p>
17:45 – 18:30	STAC deliberations	STAC
18:15 – 20:00	Cocktail reception	

TUESDAY, 14 MARCH 2017: HIV STREAM

08:30 - 08:45	Reflection on Day 1 and briefing on process and expected outcomes of parallel sessions of HIV and viral hepatitis streams	Salim Abdool Karim Adele Benzaken (TAC HIV Co-Chairs)
08:45 - 10:00	<p>Session 6a: Implementation of the Global Health Sector Strategy on HIV, 2016-2021 (GHSS)</p> <ul style="list-style-type: none"> • Background documents: <ul style="list-style-type: none"> • Global Health Sector Strategy on HIV 2016-2021 • STAC Technical Brief: WHO key achievements and future activities in HIV prevention, testing, treatment, care and strategic information. • Presentation: Priority actions towards achieving HIV targets (10 m) The session will provide an overview on the global HIV situation and response and the WHO framework for monitoring and reporting on implementation of the strategy. • HIV stream discussion: Discussion on monitoring and reporting on implementation of the Global Health Sector Strategy on HIV 	Daniel Low-Beer STAC
10:00 – 10:15	Break	
10:15 – 12:15	<p>Session 7a: Treat All - Achieving 90:90:90 and reducing HIV-related deaths among children, adolescents and adults</p> <ul style="list-style-type: none"> • Presentation: Priority actions towards treating all (10 m) The presentation will cover WHO's work related to HIV treatment and chronic care, with a particular focus on new directions, including: ARV guidelines; new ARV regimens and formulations; differentiated service delivery; treatment adherence and retention in care; chronic care including management of coinfections and comorbidities; elimination of mother-to-child transmission of HIV; paediatric and adolescent treatment; drug resistance and access to medicines and diagnostics. • HIV stream discussion: What needs to be done to achieve HIV testing, treatment and mortality targets? What are the HIV-specific interventions and actions required? What are the broader health systems and cross-cutting issues that need to be addressed? 	Meg Doherty STAC HIV Stream
12:15 - 13:15	Lunch	

13:15 - 15:00	<p>Session 8a: Addressing the prevention gap – Reducing new HIV infections</p> <ul style="list-style-type: none"> • Presentation: Priority actions towards preventing all (10 m) The presentation will cover WHO’s work related to HIV prevention and the first ‘90’, with a particular focus on new directions and innovations, including: focus on adolescent girls, young women, unreached men and key populations; PrEP; and HIV self-testing and community-based testing. • Panel discussion: Start Free, Stay Free, AIDS Free (20 m) The Start Free, Stay Free, AIDS Free framework, focused on ending AIDS in children, adolescents and young women by 2020 will be used as an example of taking a life-course approach to the HIV response, linking prevention, testing, treatment and care together. The panel will demonstrate how partners need to work together to achieve country impact. Panellists will include individuals from national programmes and partner organizations working on EMTCT, paediatric treatment and adolescent HIV prevention and treatment. • HIV stream discussion: What needs to be done to achieve HIV prevention targets? What are the HIV-specific interventions and actions required? What are the broader health systems and cross-cutting issues that need to be addressed? 	<p>Rachel Baggaley</p> <p>Tsitsi Apollo Chewe Luo Charles Lyons</p>
15:00 – 15:15	Break	
15:15 - 16:30	<p>Session 9a: Delivering in countries for greatest impact</p> <ul style="list-style-type: none"> • Presentation: WHO supporting country responses (10 m) The presentation will cover country capacity building and technical support, including through a focus on Fast Track countries, strategic information for focused action, national strategic planning and working with partners, including the Global Fund, PEPFAR, NGOs, civil society and others. • HIV stream discussion: What needs to be done to achieve impact in countries? HIV prevention targets? What are the HIV-specific interventions and actions required? What are the broader health systems and cross-cutting issues that need to be addressed? 	Mazuwa Banda
16:30 – 18:00	<p>Session 10a: HIV Stream deliberations</p> <ul style="list-style-type: none"> • The HIV Stream will formulate draft HIV-specific recommendations for consideration in plenary 	STAC

TUESDAY, 14 MARCH 2017: HEPATITIS STREAM

08:30 - 08:45	Review of Day 1 and briefing on process and expected outcomes of parallel sessions of HIV and viral hepatitis streams	Margaret Hellard Olufunmilay Lesi (Hepatitis Stream Co-Chairs)
08:45 - 10:00	Session 6b: Implementation of the Global Health Sector Strategy on Viral Hepatitis, 2016-2021 (GHSS) <ul style="list-style-type: none"> • Background documents: <ul style="list-style-type: none"> • Global Health Sector Strategy on Viral Hepatitis • 10 core global hepatitis indicators • STAC Technical Brief: WHO key achievements and future activities in viral hepatitis prevention, testing, treatment, care and strategic information. • Presentation: Priority actions towards achieving hepatitis targets (15 m) The session will provide an overview on the global viral hepatitis situation and response and the WHO framework for monitoring and reporting on implementation of the strategy. • Hepatitis stream discussion: Discussion on monitoring and reporting on implementation of the Global Health Sector Strategy on Viral Hepatitis 	Marc Bulterys Yvan Hutin STAC
10:00 – 10:15	Break	
10:15 – 12:15	Session 7b: Towards treating all – Curing chronic HCV and treating chronic HBV <ul style="list-style-type: none"> • Presentation: Priority actions for hepatitis testing and treatment (10 m) This presentation will give an overview of WHO's work on hepatitis testing, treatment and chronic care, with a particular focus on new directions and innovations, including: hepatitis testing strategies and technologies; rapidly evolving HCV medicines; chronic HBV treatment; chronic care for people with hepatitis and liver disease; and access to medicines and diagnostics. • Hepatitis stream discussion: What needs to be done to achieve hepatitis testing, treatment and mortality targets? What are the hepatitis-specific interventions and actions required? What are the broader health systems and cross-cutting issues that need to be addressed? 	Philippa Easterbrook STAC
12:15 - 13:15	Lunch	

13:15 - 15:00	<p>Session 8b: Addressing the prevention gap – Reducing new hepatitis infections</p> <ul style="list-style-type: none"> Panel presentations: WHO's work in hepatitis prevention. The panel will be comprised of different WHO departments working on prevention of viral hepatitis B and C, including departments working on: vaccines, blood safety, injection safety, patient safety and harm reduction. Hepatitis stream discussion: What needs to be done to achieve hepatitis prevention targets? What are the hepatitis-specific interventions and actions required? What are the broader health systems and cross-cutting issues that need to be addressed? 	<p>Edward Kelley Jean-Marie Okwo-Bele Annette Verster</p> <p>STAC</p>
15:00 – 15:15	Break	
15:15 - 16:30	<p>Session 9b: Delivering hepatitis services in countries for greatest impact</p> <ul style="list-style-type: none"> Presentation: WHO supporting hepatitis responses in countries (10 m) The presentation will cover country capacity building and technical support, including actions in hepatitis focus countries, strategic information for focused action, national strategic planning, role of partners Country panel discussion: Country capacity building & adaptation and implementation of guidelines and implementation tools (30 m) A panel of Regional Office staff, development partners and countries will describe the role of WHO in supporting countries to undertake national assessments, develop national strategies and plans, adapt and implement global guidance, develop country capacity for implementation and monitor progress. Hepatitis stream discussion: What can WHO and partners do to strengthen country capacity and accelerate country implementation of priority interventions? 	<p>Hande Harmanci</p> <p>Gamal Esmet Charles Gore Rana Hajjeh Huma Qureshi John Ward</p>
16:30 – 18:00	<p>Session 10a: Hepatitis Stream deliberations</p> <ul style="list-style-type: none"> The Hepatitis Stream will formulate a set of draft hepatitis-specific recommendations for consideration in plenary on Wednesday 	STAC

WEDNESDAY, 15 MARCH 2017

09:00 – 11:00	Sessions 10a and 10b (Continued): Continuation of separate HIV Stream and Hepatitis Stream deliberations <ul style="list-style-type: none"> The two separate Streams will continue their group work to formulate sets of draft disease-specific recommendations for consideration in plenary 	STAC WHO
10:15 – 10:30 (Flexible)	Break	
11:00 - 12:00	Session 11: HIV and Hepatitis Streams feedback in plenary <ul style="list-style-type: none"> Chairs of the two work streams will feedback their conclusions and proposed recommendations in plenary 	STAC WHO
12:00 - 13:00	Session 12: STAC deliberations <ul style="list-style-type: none"> STAC to formulate a set of recommendations, including cross-cutting and diseases-specific recommendations 	STAC
12:00 – 13:00	Lunch	
13:00 - 15:00	Session 12: STAC deliberations (continued) <ul style="list-style-type: none"> STAC to formulate a set of recommendations, including cross-cutting and diseases-specific recommendations 	STAC
15:00 - 15:30	Session 13: STAC recommendations to WHO <ul style="list-style-type: none"> Final presentation of STAC-HIVHEP recommendations 	STAC WHO
15:30 – 16:00	Closing Remarks	Salim Abdool Karim Margaret Hellard Gottfried Hirnschall

For more information, contact:

World Health Organization
Department of HIV/AIDS
20, avenue Appia
1211 Geneva 27
Switzerland