World Health Organization
African Region

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MEETING OF HIV AND HEPATITIS PROGRAMME MANAGERS

Closing GAPS in HIV and Hepatitis programmes and integrating NCDs and Mental Health services

28 October - 01 November 2024

Kampala , Uganda

Meeting report

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Meeting report

Contents

1 Background and rationale

The African Region accounts for a disproportionately high burden of the HIV epidemic compared to the rest of the world. In 2023, an estimated 25.9 million people were living with HIV in the Region, of which 90% knew their status, 82% were receiving treatment and 76% had suppressed viral load. Additionally, because of improved life expectancy among adults living with HIV, coupled with increased time on antiretroviral therapy (ART), there has been an increase in the prevalence of noncommunicable diseases (NCDs) such as diabetes, hypertension and mental health conditions among people living with HIV.

2. Goal and objectives of the meeting

The goal of the meeting was to reinforce the collaborative platform for priority countries and partners, share experiences, explore opportunities and strategize on effective interventions to address the burden of HIV and hepatitis. Additionally, the meeting provided an opportunity to enhance the integration of noncommunicable disease and mental health services within HIV care. Specifically, the meeting sought to:

1. share experiences and lessons learnt in implementing effective interventions for HIV, hepatitis and sexually transmitted infections (STIs);
2. explore opportunities for increasing access to integrated services and WHO-recommended interventions for integrated HIV services;
3. identify barriers to and opportunities for integrating noncommunicable disease and mental health services into HIV service packages;
4. create mechanisms for ongoing dialogue and experience sharing.

3. Methodology

The meeting was held in hybrid format with participants attending virtually and physically. Methods of delivery included the use of thematic presentations and panel discussions, while specific group and plenary discussions were used to share experiences, deepen understanding of the subject matter, and develop country plans. The official languages of the meeting were English, French and Portuguese.

A total of 94 persons attended the meeting, 79 in person and 15 virtually. The meeting brought together participants from 16 Ministries of Health[1], 17 partner organizations including from civil society, and community representatives.

During the official opening of the meeting, the acting WHO Representative in Uganda highlighted the importance of integrating services due to declining funding for vertical disease programmes. He also underscored the value of sharing experiences to ensure that resources are directed to proven, evidence-driven and high-impact interventions. Other speakers at the opening of the meeting included representatives of UNAIDS, Unitaid, the World Hepatitis Alliance (WHA), and the International Community of Women Living with HIV in Africa (ICWA).

Over the course of the five days of the meeting, 21 thematic presentations were delivered by subject matter experts from the Medicines Patent Pool, UNAIDS, Unitaid, and WHO. The meeting also included five panel discussion sessions with a focus on treatment optimization for HIV-positive children, sustainability of the HIV response, scaling up hepatitis programmes, generating evidence on integration models, and sustaining the gains of disease integration. A total of 25 structured presentations were made by country delegates to share their experiences on various themes, including innovations for HIV prevention and finding HIV-positive children; integrating HIV testing services; implementation of the advanced HIV disease (AHD) package; Path to Elimination validation efforts; and progress in the implementation of NCD and mental health activities approved in-country through the Global Fund Grant Cycle 7 (GC7), as well as data reporting.

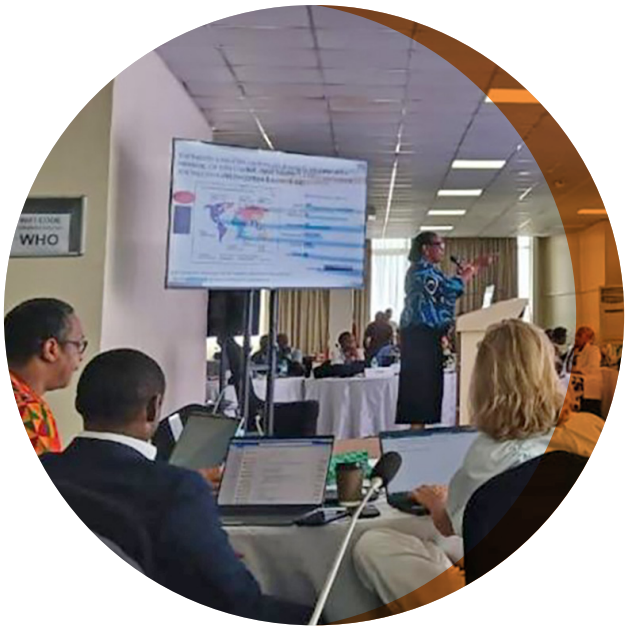
Five sessions were dedicated to interactive group discussions. The outcomes of these discussions were then presented to the entire meeting during plenary sessions for cross-fertilization and experience sharing. In total, there were 24 vibrant plenaries excluding the official opening and closing sessions.

[1]Angola, Botswana, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Mali, Mozambique, Nigeria, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

4 Key messages and emerging issues from the proceedings

4.1 On HIV

- Reaching men for prevention interventions is a challenge. Men are the main drivers of HIV transmission, therefore increasing pre-exposure prophylaxis (PrEP) coverage for men will likely lead to a reduction in new HIV infections among adolescent girls and young women (AGYW). Adopting long-acting cabotegravir (CAB-LA) can enhance efforts to reach persons previously not on PrEP.
- Poor data quality is impacting the accuracy of estimated children living with HIV, thus negatively affecting country progress towards the first 95 target for this population group.
- Innovative approaches are needed to find missed children. For example, line-listing the children of persons living with HIV (PLHIV) could help close the gap.
- Very few countries have conducted the necessary verification studies to inform the transition to the three-test strategy. Challenges include the high cost of verification studies.
- Countries have limited and irregular access to commodities for advanced HIV disease screening, including TB LAM, and also lack functional CD4 machines and reagents. This is compounded by poor data collection and reporting on AHD.
- Tracking patient retention in care is difficult in the absence of unique patient identifiers.
- There is need for research on why patients drop out of care despite free services; the findings will inform the design of appropriate patient retention interventions.
- Delayed registration of new molecules in countries by regulatory bodies, coupled with fragmented supply chains for low commodity volumes, is eroding the interest of manufacturers.


WHO

4.2 On viral hepatitis

- Continued emphasis is needed on the importance for countries to adopt and implement hepatitis B birth dose vaccination as the most effective method for sustainable prevention and eventual elimination of hepatitis B.
- The absence of well-structured national viral hepatitis programmes remains a major bottleneck to achieving hepatitis elimination.
- Given the poor performance on all indicators, the 2030 targets for hepatitis elimination appear unrealistic for Africa.
- Due to limited supply and access to essential commodities, coupled with the associated high purchase prices, countries should explore the possibility of using pooled procurement mechanisms for essential commodities.
- To make hepatitis B viral load measurement more accessible and affordable, WHO prequalification for GeneXpert machines should be considered.
- Countries should explore the use of blood banks to increase access to screening for viral hepatitis.
- The prices at which individual countries procure some viral hepatitis commodities are too high compared to the negotiated base prices on the international market. It will be necessary to explore the challenges that impede access to lower pricing.
- Access to generic medicines in resource-limited countries is a precondition for achieving the WHO elimination goal. Therefore, there is need to boost demand for generic medications. Countries should speed up the registration of new generic medicines, boost community screening, and link positive cases to care. This will increase demand for larger volumes of these medicines.
- Countries should leverage the experience and platforms established by HIV programmes to build models for responding to viral hepatitis.
- There are glaring capacity gaps in the management of viral hepatitis in all countries.
- Without decentralization of services and skills development, coverage indicators will remain poor.
- From the country-specific discussions and reports, all the countries indicated the need to improve systems for data capture, quality assurance, and routine analysis for data-driven decision-making.
- With the exception of integrated planning within Global Fund and PEPFAR activities, there is a glaring absence of dedicated funding for the viral hepatitis response by partners and governments. Only three countries (Cameroon, Ethiopia and Uganda) reported the existence of consistent domestic funding toward the hepatitis response. Some countries, including Mozambique, strongly advocated for more partners to come to their rescue, since there is no government funding, while the burden remains huge.
- There is need for greater synergies across civil society organizations and visibility of their work. Likewise, there is need to strengthen partnerships with host governments for more mileage.

4.3 On triple elimination

There is need to scale up testing, prevention, care, and treatment for pregnant women toward the elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B virus (HBV).

4.4 On sexually transmitted infections (STIs)

- Strengthening case management is essential to reduce the incidence of syphilis.
- Syndromic management of genital ulcer disease (GUD) is important, while recognition of its secondary manifestations should be emphasized. Benzathine penicillin G (BPG) and partner services should be available as the main course of treatment.
- Significant action is needed to improve STI treatment access, reporting and service integration.

4.5 On HIV sustainability

A bridge panel session was held with the UNAIDS regional convening on HIV sustainability in Johannesburg. The panel in Kampala consisted of Dr Mary Boyd, CDC Country Director for Uganda; Ms Cecilia Cenoo, CSO leader representing Hope for Future Generations; and Dr Madidimalo Tebogo, from WCO Botswana. The panel in Johannesburg consisted of Jaime Atienza, UNAIDS; Kyeremeh Atuahene, Ministry of Health, Ghana; Sbongile Nkosi, GNP+; Nertila Tavanxhi, The Global Fund; and Sarah Dominis, US Bureau of Global Health Security and Diplomacy. Planning for sustainability of the HIV response requires alignment of projected resources from governments and financing partners such as the Global Fund and PEPFAR.

5 Key messages from the panel discussions

- Strong alignment among partners such as the Global Fund, UNAIDS and PEPFAR is a critical enabling factor.
- Country-led, country-owned multisectoral approaches are very useful and should involve the active participation of all sectors.
- Engagement with CSOs, communities and government is key to success.
- A strong plan for domestic resource mobilization is important because without adequate funding, there can be no sustainability.
- Sustainability plans should be developed through a consultative process from initiation right up to dissemination.
- Integration is a critical component of sustainability.

5.1 On integrating HIV, NCDs and mental health

- Integration should apply to all health systems strengthening pillars instead of being limited to service delivery. This requires commitment from programme leaders.
- Partners play a critical role in integrating programmes, from providing finances, promoting evidence generation,
- A self-sampling model for cervical cancer has been successfully tested in Côte d'Ivoire and can be replicated in all countries. The model adds to WHO PEN and PEN-Plus, as well as the one-stop shop model that was implemented in Zambia.
- Countries are optimizing the use of GeneXpert machines, although the supply of cartridges and slow expansion of the modules are still limitations.
- There is need to develop a repository of materials on integration that countries can access in future.
- The importance of integrating mental health into HIV services to improve treatment outcomes for HIV was emphasized.
- There is need to strengthen the referral system, scale up awareness creation campaigns, and enhance intersectoral collaboration for NCDs.
- Countries should define a package of NCD services to be provided and identify the specific entry points as channels of service delivery.
- Emphasis was laid on elements to be considered when designing models of care for HIV-NCD integration.
- Whereas WHO has made advances in NCD facility-based monitoring by generating global guidance, developing tools and providing technical support, country use of the DHIS2 e-Tracker for this purpose remains suboptimal.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6 Recommendations and follow-up actions

- Normative guidelines need to be simplified for ease of adoption and use and translated into French and Portuguese.
- There is need to support the translation of global targets into country-specific targets.
- An electronic platform for training and capacity building should be established, with some form of recognized certification on completion of a course.
- A community of practice should also be established to address priority areas for countries to share experiences and learn from each other.
- Countries should be supported to conduct verification studies to inform the transition to the three-test strategy for HIV.
- Focused support should be provided to countries to stimulate reporting of advanced HIV disease.
- WHO AFRO should establish a repository of materials on integration that countries can access.
- Specific countries (such as Kenya, South Africa, Zimbabwe) will be supported by WHO to finalize policies on NCD-HIV integration.
- WHO AFRO should review and address requests from selected countries for support in the implementation of GC7 activities.
- Countries should be supported to adopt and scale up the use of the DHIS2 Tracker for improved reporting on disease integration.
- WHO AFRO should conduct a viral hepatitis landscape assessment for all countries in the Region beyond the 10 priority countries.
- Provision of prophylaxis for pregnant women with hepatitis B should be promoted among countries.
- An electronic platform should be created to promote greater access to training and capacity building for viral hepatitis with some form of certification.
- The idea of creating a pooled procurement mechanism for viral hepatitis commodities should be given further consideration.
- A working group should be established to promote integration of viral hepatitis into funding requests, and the implementation of activities monitored to stimulate dialogue among stakeholders.
- There is need to strengthen the STI programme in the Region to address its multiple challenges, including the impact of achieving triple elimination.
- Significant action is needed by countries, at both political and institutional levels to improve STI data collection, treatment access, and integration into broader health care services.
- All countries are encouraged to adopt the triple elimination approach.

7 Annex: List of participants

Country	Full name	Organization
Ministry of Health (MoH) participants		
Angola	Dr Jose Carlos de Oliveira Van-Dunem	MoH
Botswana	Queen Nthusang	MoH
Botswana	Jessica Mafa-Setswalo	MoH
Côte d'Ivoire	Docteur Valery Katché Adoueni	MoH
Côte d'Ivoire	Professeur Emile Alla-Kouaddio	MoH
Democratic Republic of the Congo	Dr Mboyo Aime	MoH
Ethiopia	Mr Fekadu Yadeta Muleta	MoH
Ethiopia	Ms Mirtie Getachew Meselu	MoH
Ghana	Dr Anthony Ashinyo	MoH
Ghana	Dr Seake-Kwawu Atsu Godwin	MoH
Kenya	Dr Newton Omal	MoH
Kenya	Dr Yvette Kisaka	MoH
Mali	Dr Madina Konate	MoH
Mozambique	Dr Manuel Raivoso	MoH
Mozambique	Dr Eudoxia Filipe	MoH
Nigeria	Dr Peter Nwaokenneya	MoH
Nigeria	Ms Omolabake Ekundayo	MoH
South Africa	Dr Musa Manganye	MoH
South Africa	Dr Dudu Shiba	MoH
South Africa	Dr Kgomotso Vilakazi	MoH
South Sudan	Dr Agal Kherubino Akee	MoH
Uganda	Dr Mutumba Robert	MoH
Uganda	Dr Oyoo Charles Akiya	MoH
Uganda	Dr Ajambo Miriam	MoH
Uganda	Dr Mina Ssali	MoH
Uganda	Dr Linda Kisaakye Nabitaka	MoH
United Republic of Tanzania	Dr James John Kamuga	MoH
United Republic of Tanzania	Dr Tumaini Goodluck	MoH
United Republic of Tanzania	Dr Nyamhagatta Mukoma Anthonyo	MoH

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Zambia	Dr Suilanji Sivile	MoH
Zambia	Dr Dominic Kampolo	MoH
Zimbabwe	Dr Chiedza Mundia	MoH
Zimbabwe	Mr Lee Nkala	MoH
Partners and civil society organizations		
Switzerland	Eva Maria Nathanson	UNITAID
Switzerland	Matthew Black	UNITAID
Switzerland	Jackson Hungu	UNITAID
South Africa	Gloria Bille	UNAIDS
Nigeria	Dr Samuel Emetu Anya	UNAIDS
Uganda	Dr Esther Nyamugisa	UNICEF
South Africa	Kerry-lee Bothma	UNICEF ESARO
Switzerland	Amir Shroufi	Global Fund
Switzerland	Vindi Singh	Global Fund
Uganda	Dr Adetinuke Mary Boyd	U.S. CDC/Uganda
Democratic Republic of the Congo	John Ditekemena	Elizabeth Glaser Pediatric AIDS Foundation
Nigeria	Danjuma Adda	World Hepatitis Alliance
Uganda	Ms Faith Nassozi	United for Global Mental Health
Switzerland	Dr Paul Chilwesa	Roche
Cote d'Ivoire	Dr Jean-Vincent Atte	Roche
Switzerland	Mila Maistat	Medicines Patents Pool
Switzerland	Capucine Penicaud	Medicines Patents Pool
Uganda	Dr Emmanuel Olal	Clinton Health Access Initiative Uganda
Ethiopia	Fitsum Lakew Alemayehu	WACI Health
Ghana	Cecilia Senoo	Hope for Future Generations
Uganda	Lilian Mworeko	International Community of Women living with HIV Eastern Africa (ICWEA)
Uganda	Emmanuel Lutamaguzi	Hepatitis Aid
Uganda	Raymond Kwesiga	National Forum of People Living with HIV/AIDS Networks
Uganda	Azizuyo Brenda Facy	International Community of Women living with HIV Eastern Africa (ICWEA)
Uganda	Fiona Walugembe	PATH Uganda
Uganda	Dr Julius Kalamya	U.S. CDC/Uganda

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WHO participants		
Switzerland	Dr Prebo Barango	HQ/WHO
Switzerland	Dr Mai Eltingany	HQ/WHO
Switzerland	Dr Farshad Farzadfar	HQ/WHO
Switzerland	Dr Neo Tapela	HQ/WHO
Switzerland	Dr Ivy Kasirye	HQ/WHO
Switzerland	Dr Funmi Lesi	HQ/WHO
Switzerland	Dr Caitlin Quin	HQ/WHO
Switzerland	Dr Peters Remco	HQ/WHO
Congo	Dr Akudo Ikpeazu	AFRO/HTH
Congo	Dr Georges Perrin	AFRO/HTH
Congo	David Ball	AFRO/HTH
Congo	Dr Kaggwa Mugagga	AFRO/HTH
Congo	Dr Jean De Dieu Iragena	AFRO/HTH
South Africa	Dr Agnes Chetty	AFRO/HTH
Congo	Dr Doroux Aristide Charles Billy	AFRO/HTH
Congo	Carine Dobian	AFRO/HTH
Congo	Dr Sharon Katai Kampabwe	AFRO/NCD
Congo	Dr Antonio Armando	AFRO/NCD
Uganda	Dr Christine Chiedza Musanhu	WCO Uganda
Uganda	Christine Joan Karamagi	WCO Uganda
United Republic of Tanzania	Dr Catherine Muwonge	WCO Tanzania
Mali	Dr Kone Niaboula	WCO Mali
Botswana	Dr Tebogo Madidimalo	NPO
Cameroon	Dr Simnoue Nem Danièle	NPO
Côte d'Ivoire	Dr Toure Siaka	NPO
Ghana	Dr Senya Kafui	NPO
Ethiopia	Dr Seblewongel Abate Nigussie	NPO
Kenya	Dr Mambo Barbara	NPO
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The WHO Regional Office for Africa

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