

Action plan for the health sector response to HIV in the WHO European Region



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Action plan for the health sector response to HIV

in the WHO European Region

Abstract

The Action plan for the health sector response to HIV in the WHO European Region is a continuation of the work began by and lessons learnt from the European Action plan for HIV/AIDS 2012–2015. This Action plan promotes a public health approach, comprehensive combination HIV prevention, access to HIV testing and offering treatment to all people living with HIV, including children, adolescents, adults, pregnant and breastfeeding women, and people with coinfections. It guides Member States to ensure implementation of an essential package of HIV services that are people centred, accessible and appropriate to the national context, with a particular focus on key populations. The plan was finalized following guidance from the Twenty-third Standing Committee for the Regional Committee for Europe and endorsed at the 66th session of the WHO Regional Committee for Europe, along with Regional Committee resolution EUR/RC66/R9.

Keywords

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Contents

Foreword	IV
Preface	V
Abbreviations	VI
Executive summary	VII
Introduction	1
European context	1
Building on lessons learnt from the previous action plan: challenges and achievements	3
Action plan for the health sector response to HIV in the WHO European Region	9
Purpose.....	9
Framework and guiding principles	9
Development	10
Vision, goal and targets	12
Strategic directions and fast-track actions	13
Action plan implementation	28
Partnerships.....	28
Monitoring and evaluation.....	29
References	31
Annex 1. Key indicators to measure the regional health sector response to the HIV epidemic	33
Annex 2. Resolution EUR/RC66/R9 of the 66th session of the WHO Regional Committee for Europe	35

Foreword



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The HIV epidemic in the WHO European Region is moving faster than the programmes established to address it, thus requiring an urgent and accelerated health systems response. Despite modest progress in HIV prevention, treatment, and care across the Region over the last decade, the response to the HIV epidemic continues to face many challenges.

With an aim to direct health policies towards the most effective interventions, the goal and targets of this Action plan for the health sector response to HIV in the WHO European Region are aligned to meet the Sustainable Development Goal of ending the AIDS epidemic by 2030.

There is ample evidence of effective HIV responses at global and regional levels. Now is the time to implement such evidence-based approaches, through intersectoral collaboration as well as whole-of-government and whole-of-society engagement, in line with the Health 2020 European policy framework.

The WHO Regional Office for Europe, in collaboration with key partners, will continue to provide guidance, support strengthening of Member States' capacities and build evidence for efficient and effective interventions.

Dr Zsuzsanna Jakab

WHO Regional Director for Europe

Preface

Although the rate of new HIV infections is decreasing globally, it increased by 75% in the WHO European Region, and more than doubled in countries of eastern Europe and central Asia between 2006 and 2015. In central Europe, the HIV epidemic is also increasing, particularly in men who have sex with men. In the western part of the Region, despite comprehensive prevention, testing and treatment efforts, the overall trend in HIV remains stable and the epidemic among men who have sex with men continues to increase. Overall, more than a quarter of people living with HIV in the Region are unaware of their status and half are diagnosed at a late stage of infection. Furthermore, coverage with life-saving antiretroviral therapy of people diagnosed with HIV is as low as 28% in the eastern part of the Region.

The Action plan for the health sector response to HIV in the WHO European Region calls for urgent action with comprehensive HIV prevention and a “treat all” approach, and guides Member States in defining and delivering an essential package of HIV services that is people centred, accessible and integrated, with a particular focus on key populations within the local context. Services should follow the principles of universal health coverage, the continuum

of HIV services and the promotion of a public health approach.

The Action plan builds on the lessons learnt from the implementation of the European Action Plan for HIV/AIDS 2012–2015 and provides a new framework for scaling up the HIV response. The Action Plan serves as a contextualized regional implementation plan of the WHO Global health sector strategy on HIV for 2016–2021. It was developed through intensive consultation with the Member States and key partners, including civil society organizations, and will guide our actions at all levels to reach our common goal of ending the AIDS epidemic. All WHO European Member States endorsed the Action Plan at the WHO Regional Committee for Europe which took place in September 2016 in Copenhagen, Denmark.

The Action plan is anchored in five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for sustainability; and innovation for acceleration. The overall goal is to end the AIDS epidemic as a public health threat in the European Region by 2030, in line with the Sustainable Development Goal of ensuring healthy lives and promoting well-being for all at all ages.

Dr Nedret Emiroğlu,

Director, Division of Health Emergencies and Communicable Diseases

Abbreviations

ART	antiretroviral therapy
ARV	antiretroviral
ECDC	European Centre for Disease Prevention and Control
EECA	eastern Europe and central Asia
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
GARPR	Global AIDS Response Progress Reporting
IDU	injecting drug use
MSM	men who have sex with men
OST	opioid substitution therapy
MTCT	mother-to-child transmission
NGO	nongovernmental organization
PLHIV	people living with HIV
PrEP	pre-exposure prophylaxis
PWID	people who inject drugs
STI	sexually transmitted infection
SW	sex worker
TB	tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS

Executive summary

The WHO European Region is at a critical point with regard to HIV. Although newly diagnosed infections are decreasing globally, new diagnoses increased by 75% in the European Region and more than doubled in eastern Europe and central Asian countries between 2006 and 2015. Across the Region, 28% of people living with HIV are unaware of their status, including 37% of those in eastern Europe and central Asia, and many are diagnosed at a late stage of infection. Coverage with life-saving antiretroviral therapy is low in the eastern part of the Region and the epidemic has not been adequately addressed among key populations at higher risk.

The Action plan for the health sector response to HIV in the WHO European Region is a continuation of the work began by and lessons learnt from the European Action plan for HIV/AIDS 2012–2015. Its goals and targets are supported by the 2030 Agenda for Sustainable Development, the multisectoral strategy for 2016–2021 of the Joint United Nations Programme on HIV/AIDS, the Global health sector strategy on HIV 2016–2021, and the Health 2020 European policy framework for health and well-being.

The Action plan is structured around five strategic directions: information for focused action; interventions for impact; delivering for equity; financing for sustainability;

and innovation for acceleration. It advocates an urgent and accelerated people-centred response to the HIV epidemic by the health sector following the principles of universal health coverage, the continuum of HIV services and promotion of a public health approach. The Action plan promotes comprehensive, combination prevention and a “treat all” approach. It asks Member States to define and deliver an essential package of HIV services (to be included in the national health benefit package) that are people centred, accessible and integrated, with a particular focus on key populations as appropriate to the local context and national legislation.

The WHO Regional Office for Europe developed this Action plan through a Region-wide participatory process, drawing on the expertise of an advisory committee. It sought feedback through direct correspondence with Member States, major partners and people living with HIV. The Regional Office also held a broader public web consultation on the plan.

The plan was finalized following guidance from the Twenty-third Standing Committee for the Regional Committee for Europe and endorsed at the 66th session of the WHO Regional Committee for Europe in September 2016, along with Regional Committee resolution EUR/RC66/R9.



Introduction

In 2015, the Global health sector strategy on HIV/AIDS 2011–2015 (1) and its regional implementation plan, the European Action plan for HIV/AIDS 2012–2015 (2), came to a close. To build on the momentum generated from this work, WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) have developed ambitious global strategies with the goal of ending the AIDS epidemic as a public health threat by 2030 (3).

The Action plan for the health sector response to HIV in the WHO European Region is an implementation plan for contextualizing the WHO Global health sector strategy on HIV for 2016–2021 (3) to the epidemiological, social and political contexts of the Region. It ensures that the Region can achieve the global goal to end AIDS as a public health threat by 2030, which the United Nations General Assembly adopted by consensus in June 2016 (4).

This Action plan continues the momentum generated by both the 2030 Agenda for Sustainable Development (4) and Health 2020, the Region's policy for health and well-being (5), and builds on the lessons learnt from the first European Action plan for HIV/AIDS 2012–2015 (2) by providing a roadmap for the next phase of the HIV response and suggesting fast-track actions to reverse the HIV epidemic in the Region.

European context

The WHO European Region is characterized by great diversity. Across the Region's 53 Member States, PLHIV and the health systems that support them operate within a broad range of economic, political, social and cultural environments. The HIV epidemic in the Region is occurring

in a period of unprecedented political, social and economic challenges.

Although the organization and financing of health care differ substantially across the Region, a persisting concern for all governments is the efficiency of services and their return on investment. Some governments face additional challenges as international donors cease their financial contributions to domestic HIV programmes.

The Region is also experiencing the most significant movement of people in decades, which contributes to the epidemiological profile of HIV, introduces new HIV-related risks and vulnerabilities, and tests the capacity of national health systems to effectively adapt and respond (6). Migration patterns vary across the Region, with labour migration to neighbouring countries more prevalent in the east. There is also significant migration into and within Europe: recently, the European Union (EU) has been experiencing a considerable influx of refugees and asylum seekers into the Region.

The Region also faces rapidly changing patterns of drug use (7), which present challenges for HIV programming and underscores the continued importance of delivering harm reduction interventions with proven efficacy.

Epidemiological context

Across the world, international and domestic investments in the HIV response are paying off, with the number of new infections declining each year. However, between 2006 and 2015, new diagnosed infections increased by 75% in the WHO European Region and more than doubled in eastern Europe and central Asia (EECA). More than 153 000 people were newly diagnosed with HIV in 2015, the highest

number ever reported in a single year, with four out of every five (79%) diagnosed in the east. This contrasts with the west, where the rates of new diagnoses have remained fairly stable over the past decade (7). In 2015, the Region had an estimated 2.5 million PLHIV: 1.5 million in EECA and 950 000 in western and central Europe.

Irrespective of geographical location, the HIV epidemic remains concentrated in key populations at higher risk,¹ with variations in epidemic patterns and trends across the Region. Although declining in most Member States, the rate of HIV transmission attributable to injecting drug use (IDU) remains considerable in the east: in 2015, it accounted for almost half of all new HIV diagnoses with a known mode of transmission. Transmission through IDU remains low in western and central Europe, comprising just 4% of new diagnoses in the EU/European Economic Area in 2015 (7).

HIV transmission predominantly occurs through sex between men in the Region's western and central areas, contributing to 42% of new diagnoses in the EU/European Economic Area in 2015. It continues to increase in all parts of the Region, including in the eastern part where sex between men remains highly stigmatized and HIV transmission between men who have sex with men (MSM) is generally underreported.

HIV prevalence remained lower in sex workers than in MSM and people who inject drugs (PWID) from 2011 to 2014, at less than 3% in EECA and 2% in western and central Europe (9).

Heterosexual sex is the most frequently reported mode of transmission in the eastern part of the Region. There is, however, emerging evidence to suggest that a considerable proportion of men reported as heterosexually infected may be MSM or PWID (10). Heterosexual transmission may also occur among PWID and their sexual networks, which

include people who have both male and female sexual partners. In western Europe, heterosexual transmission is decreasing, largely due to a decline in new diagnoses among people originating from outside Europe.

People in prisons and other closed settings are particularly at risk of acquiring HIV, hepatitis B and C because of risks associated with unsafe IDU and sex. The prevalence of drug use, including IDU, is particularly high in prisons in the eastern part of the Region.

Refugees, asylum seekers and migrants are vulnerable to social adversity and ill-health. Evidence shows inequities for these groups related to their state of health and to the accessibility and quality of health services available to them (6). In 2015, migrants (including refugees)² represented 27% of people newly diagnosed with HIV in the Region (18% were non-European migrants and 9% were European migrants).³ Between 2006 and 2015, new diagnoses decreased by 29% among non-European migrants but increased by 59% among European migrants (7).

There is a high rate of tuberculosis (TB) and viral hepatitis B and C coinfection among PLHIV; in 2015, TB was the most common AIDS-defining illness in the eastern part of the Region (7). The number of incident TB cases coinfecting with HIV almost doubled (from 5.5% to 9%) between 2011 and 2015 in the Region (11). TB remains a major cause of death among PLHIV: the rate of TB-related deaths among PLHIV increased by 3.6% annually between 2011 and 2015 (12).

Of the estimated 2.3 million PLHIV who are coinfecting with hepatitis C virus globally, 27% are living in EECA. An estimated 83% of HIV-positive PWID in the eastern part of the Region and 70% of PWID in the western and central parts are coinfecting with hepatitis C virus. Many of these individuals are difficult to reach and may have many other health and social issues that require attention.

¹ In line with the UNAIDS HIV strategy (8) and the WHO Global health sector strategy on HIV for 2016–2021 (3), key populations at higher risk (referred to hereafter as key populations) are defined as those groups of people most likely to be exposed to or to transmit HIV and whose engagement is critical to a successful response. In the WHO European Region, key populations include people living with HIV, PWID, MSM, transgender people, sex workers, prisoners and migrants (2). The sexual partners of people in these groups are also considered key populations.

² Defined as people originating from outside the reporting country.

³ Non-European migrants are defined as people originating from outside Europe; European migrants are defined as people originating from a European country other than the country of report.



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Building on lessons learnt from the previous action plan: challenges and achievements

In 2011, Member States endorsed the first ever European Action plan for HIV/AIDS 2012–2015 (2) as an urgent call for action to respond to the public health challenge of HIV in the Region. The 2012–2015 Action plan encouraged Member States to develop national HIV plans with ambitious targets that were aligned with contemporary global and regional developments. It had three overall goals: (i) to halt and begin to reverse the spread of HIV in Europe by 2015; (ii) to achieve universal access to comprehensive HIV prevention, treatment, care and support services by 2015; and (iii) to contribute to the attainment of Millennium Development Goal 6 and other health-related Millennium Development Goals. By 2015, only the third of the overall goals had been partially met (13).

Despite HIV testing services being available in all countries and efforts by Member States, the WHO and its partners to scale up targeted HIV testing, **a third of PLHIV in EECA are unaware of their infection.** The main barriers to reducing the number of undiagnosed people are country specific, requiring a tailored response.

Across the Region, **many of those aware of their infection are diagnosed at a late stage.** In 2015, 48% of newly diagnosed people had a CD4 (i.e. cell cluster of differentiation antigen 4) cell count of < 350 per mm^3 blood. However, there was significant variation across Member States (ranging from 30% to 87%) and across transmission categories, with more late presenters among PWID and people infected through heterosexual contact and fewer among men infected through sex with men (7).

An ongoing challenge is that in EECA the **current level of antiretroviral therapy (ART) coverage is insufficient to end AIDS as a public health threat by 2030.** The



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Region has made progress in increasing the number of people receiving ART, achieving 1.1 million people on ART in 2015. This trend has been observed in all Member States. The most pronounced increase was in the eastern part of the Region: a nearly threefold increase (from 112 000 to 322 000 people) between 2010 and 2015. Despite these efforts, only 21% of the estimated PLHIV⁴ in EECA were receiving treatment in 2015, far below the global average of 53%. Low ART coverage also impedes the HIV prevention benefits of treatment⁵ being fully achieved at the population level.

It is equally important to monitor treatment outcomes, although **viral load monitoring is not done routinely** in some parts of the Region. This current situation is inadequate to detect treatment failure and ultimately

to halt and reverse the increasing HIV incidence in the Region.

As a result of insufficient and delayed HIV diagnosis and treatment initiation, the annual number of AIDS diagnoses increased by 31% between 2010 and 2015, and the estimated AIDS-related deaths increased by 24% in the eastern part of the Region (7,13).

The population-level benefits of ART can only be achieved by implementing effective programmes targeted at key populations. In some EECA Member States, **access to harm reduction programmes (including drug dependence treatment) has increased**. However, some countries do not implement evidence-based prevention policies and interventions for PWID at all or on a sufficient scale. Coverage with opioid substitution therapy remains below 5% in all but three Member States in the east. Access is significantly higher, although still limited, in most western European Member States: over 50% of people in

⁴ Including Both diagnosed and undiagnosed, regardless of CD4 cell count.

⁵ That is, treatment as prevention.



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need are currently receiving opioid substitution therapy. Access to needle and syringe programmes varies across countries and (with the exception of a few EU countries) remains below the recommended 200 clean needles and syringes per person who injects drugs per year (14).

For key populations at higher risk of HIV infection, the percentage tested remains below the European target of 90%, with average testing rates of 40–60% in 2015, despite an increase in the overall numbers of people being tested. The lowest rate was among MSM across the Region and among PWID in EECA, while the highest rate was among sex workers across the Region and among PWID in western and central Europe. This was despite the increase in the overall numbers of people being tested. These low testing rates confirm that HIV testing strategies are not sufficiently targeted at key populations (13).

Existing political, legislative and cultural barriers related to sexual behaviour, sexual diversity, sex work and drug use

have created challenges for the effective implementation of the HIV response. They often drive behaviours and services underground, thus restricting the scale and impact of the HIV response. Stigma and discrimination continue to hinder access to HIV prevention, treatment and care services for key populations, thereby exacerbating social inequalities

The Region is moving towards the **elimination of mother-to-child transmission (MTCT) of HIV and congenital syphilis**: This significant achievement demonstrates that curbing the HIV epidemic is possible with political commitment. Three Member States have confirmed the successful elimination of the MTCT using the WHO global validation criteria (15), with many more preparing to undertake the process. The regional level of ART coverage for pregnant women living with HIV to prevent MTCT is among the highest reported globally (75–95%), as are the rates of early infant diagnosis



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(70% in 2014) and of HIV testing and counselling for pregnant women (75% in 2013). Most Member States in the eastern part of the Region have adopted WHO-recommended option B+ for preventing MTCT.⁶ Despite this progress, challenges remain in eliminating MTCT of HIV and congenital syphilis in pregnant women, with key populations (including PWID, sex workers, migrant women and prisoners) requiring more attention.

Many European Member States have **adopted national policies and guidelines** on HIV prevention, diagnosis, treatment and care for both the general population and for key populations. In particular there has been good uptake of the WHO guidelines on the use of ART to treat and prevent HIV infection. However, many Member States are yet to comprehensively implement the “test

and treat” agenda and to undertake comprehensive and consistent monitoring of treatment outcomes.

Many Member States experience financial constraints and some are heavily dependent on donor funding to deliver their national HIV programmes. However, with changing priorities, donors are progressively withdrawing from the Region; it is essential that many Member States **increase domestic funding for HIV programmes and broaden the implementation of equitable and sustainable health financing systems**. Failure to sustainably finance the HIV response will seriously risk the accessibility and continuity of service delivery for PLHIV and has serious implications for regional issues such as HIV drug resistance.

The HIV epidemic in the European Region is outstripping efforts of programmes to address it, and an urgent, accelerated health systems response is required.

⁶ In option B+, all pregnant women living with HIV are initiated on life-long ART regardless of CD4 cell count or clinical stage to prevent vertical HIV transmission and to benefit both their own health and that of their sexual partners.

Innovative responses, with a strong focus on comprehensive, combination HIV prevention⁷ (2) and a “treat all” approach, are critical to decrease the rate of new infections and increase the number of people receiving HIV treatment and care. These responses must be based on a people-centred health system approach to ensure universal coverage and enhance financial sustainability. Across the European Region, there should be a renewed focus on ensuring the cost efficiency, quality and effectiveness of existing HIV services and

the financial sustainability of the response. The political commitment of Member States is essential for a successful response to the epidemic, including strong cross-border collaboration to promote access to services and prevent transmission in migrant populations. This change is required to meet globally accepted and ambitious goals, such as the United Nations Sustainable Development Goals (4) and the UNAIDS 90–90–90 targets (8).⁸ Investment today to address HIV will save resources and lives in the future.

7 In line with the UNAIDS strategy (8) and terminology guidelines (16), the combination prevention approach is designed to achieve maximum HIV prevention by combining human rights-based and evidence-informed behavioural, biomedical and structural strategies in the context of a well-researched and understood local epidemic.

8 The global 90–90–90 targets are: 90% of PLHIV know their HIV status; 90% of people diagnosed with HIV receive ART; and 90% of PLHIV on ART achieve sustained viral suppression (9).



Action plan for the health sector response to HIV in the WHO European Region

Purpose

This Action plan advocates an urgent, accelerated health sector response to HIV in the WHO European Region to end the AIDS epidemic as a public health threat by 2030. It builds on the lessons learnt from the European Action plan for HIV/AIDS 2012–2015 (2) and provides a new framework for the next phase of the HIV response. It calls for fast-tracked action to stop the increasing rate of new HIV infections and reduce the public health burden of HIV. The Action plan promotes comprehensive, combination prevention and a “treat all” approach; services that follow the principles of universal health coverage; the continuum of HIV services; and the promotion of a public health approach, underpinned by strong political leadership and a partnership approach, particularly with PLHIV. It asks Member States to define and deliver an essential package of people-centred, accessible and integrated HIV services with a focus on key populations according to the epidemiological, social, political and legislative context.

Framework and guiding principles

The Action plan is based on three organizing frameworks: universal health coverage; a continuum of HIV services; and promotion of a public health approach.

Universal health coverage

Universal health coverage ensures that all PLHIV can access the full range of health care services they need, irrespective of their financial status (17). It ranges from prevention to treatment, care and rehabilitation in community, secondary and tertiary care settings. Embedded in the WHO definition of universal health care are a number of tenets that are central to the current Action plan: equity, high-quality services, well integrated care and a service delivery framework which is responsive to individuals’ needs and the broader epidemiological context.

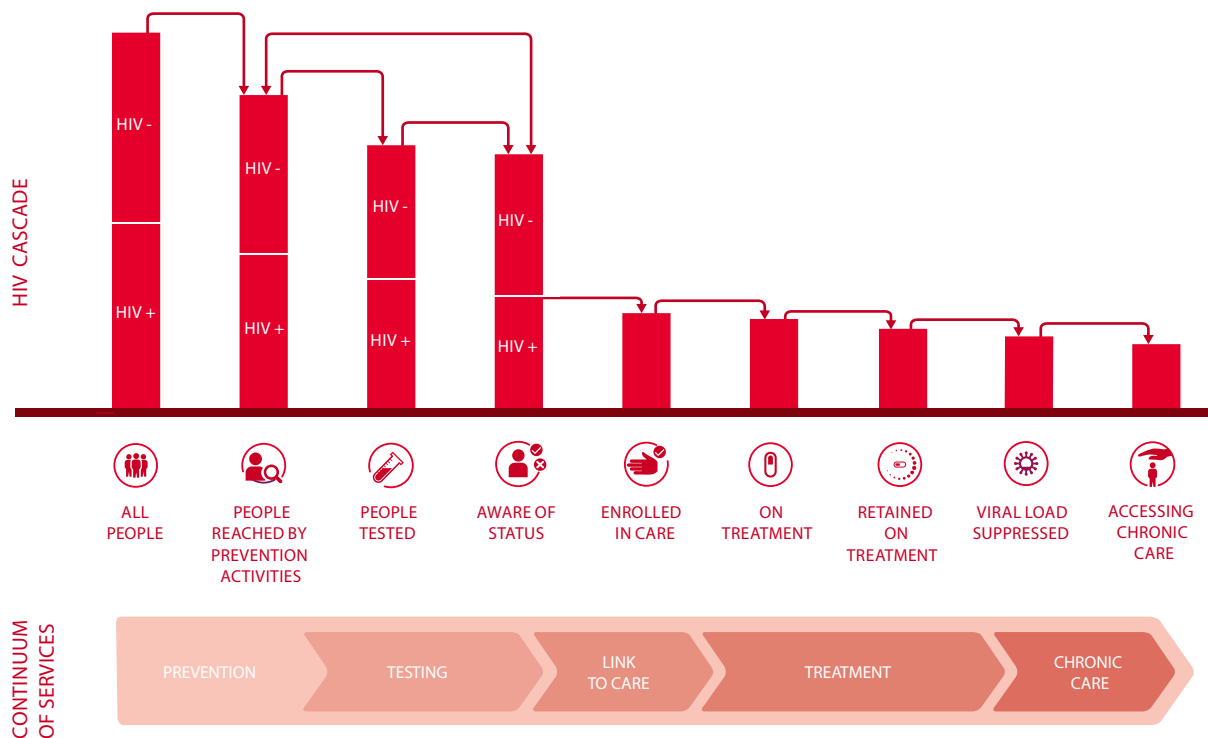
Continuum of HIV services

The cascade of care across the continuum of HIV services provides a basis for the contemporary evidence-based approach to tackling the epidemic (Figure 1). Using this and other tools, it is possible to accelerate the HIV response to meet the regional and global UNAIDS 90–90–90 targets to end the AIDS epidemic by 2030 (8).

Public health approach

The public health approach is aligned with Health 2020 (5), the European policy framework to improve health and well-being. It proposes that Member States address their local HIV epidemics and responses by applying scientific evidence, technical knowledge and innovative approaches, promoting the meaningful involvement

Fig. 1. The cascade of care across the continuum of services



Source: WHO (3).

of civil society (most critically, PLHIV and other key populations) and ensuring human rights, gender equality, equity and freedom from discrimination. It also requests that governments utilize a whole-of-government approach using a partnership model across relevant sectors. A public health approach (18) enables the European Region to fully embrace the “treat all” approach following the 2015 WHO treatment guidelines (19).

Development

In 2015, the Global health sector strategy on HIV/AIDS 2011–2015 (1) and its regional implementation plan, the European Action plan for HIV/AIDS 2012–2015 (2), came to a close. To build on the momentum generated by this work, WHO and its partners developed ambitious global strategies with the vision of ending the AIDS epidemic as a public health threat by 2030. This global vision is supported by the 2030 Agenda for Sustainable Development (4); the multisectoral UNAIDS 2016–2021 strategy on the

fast-track to end AIDS (8); the WHO global health sector strategies on HIV (3) and sexually transmitted infections (STIs) for the period 2016–2021 (20); and the UN General Assembly political declaration on ending AIDS (21).

Member States requested the development of the Action plan for the health sector response to the HIV epidemic in the WHO European Region at a regional consultation for the Global health sector strategies on HIV (3), viral hepatitis (22) and STIs (20) held in in June 2015 in Copenhagen, Denmark.

This Action plan aims to adapt the Global health sector strategy on HIV 2016–2021 (3) to the epidemiological, social, political and legislative contexts of the countries in the European Region for optimal implementation.

The plan is aligned with Health 2020, the European policy framework to improve health and well-being and reduce health inequalities among people in the Region (5), the TB Action plan for the WHO European Region 2016–2020 (23), the European Action plan for strengthening public

health capacities and services (24), and the European child and adolescent health strategy 2015–2020 (25). It is also aligned with other regional plans and strategies under development, such as the Action plan for the health sector response to viral hepatitis in the WHO European Region (26), the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (27), the Strategy on women’s health and well-being in the WHO European Region (28), and the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region (29).

The WHO Regional Office for Europe developed this Action plan through a Region-wide participatory process,

drawing on the expertise of a formal advisory committee. It formally sought feedback from all Member States, relevant United Nations agencies and programmes, nongovernmental organizations (NGOs), international organizations and, most importantly, civil society organizations and PLHIV in the Region. The Regional Office also held a web consultation on the plan that was open to the general public.

The plan was finalized following guidance from the Twenty-third Standing Committee for the Regional Committee for Europe and endorsed at the 66th session of the WHO Regional Committee for Europe in September 2016, along with Regional Committee resolution EUR/RC66/Rg.



Vision, goal and targets

Vision

The vision for 2030 is a WHO European Region with zero new HIV infections, zero AIDS-related deaths and zero HIV-related discrimination, in a world where people with HIV are able to live long and healthy lives.⁹

Goal

The goal for 2030 is to end the AIDS epidemic as a public health threat in the European Region, within the context of ensuring healthy lives and promoting well-being for all at all ages.

Targets

In line with the principles of the United Nations resolution relating to the Sustainable Development Goals (4)¹⁰ and the Global health sector strategy on HIV 2016–2021 (3), countries should, as soon as practicable, develop ambitious national goals and targets for 2020 and beyond that, ideally, will be guided by global goals and targets. National goals and targets should consider the country context, including the nature and dynamics of the country's HIV epidemics, populations affected, structure and capacity of the health care and community systems, and resources that can be mobilized. Targets should be feasible and based on the best possible data available on the HIV situation (trends and responses) and monitored through a set of standard and measurable indicators. The targets should apply to everyone, although with a particular focus on key populations.

Some of these targets are expressed as percentages, but low-prevalence countries may wish to adopt numerical targets if more appropriate to the local context.

⁹ The vision is aligned with the WHO Global health sector strategy on HIV 2016–2021 (3), the UNAIDS Strategy 2016–2021 (8) and the United Nations Sustainable Development Goals (4).

¹⁰ United Nations General Assembly Resolution 70.1, paragraph 55.

Ambitious regional targets for 2020 in five areas for achieving the overall vision and goal by 2030 are presented below.

Prevention:

- reduce new infections by 75% (or an appropriate numerical target for low-prevalence countries), including among key populations;
- reduce MTCT to < 2% in non-breastfeeding populations and < 5% in breastfeeding populations; and
- reduce the rate of congenital syphilis and the rate of child HIV cases due to MTCT to ≤ 50 per 100 000 live births.

Testing and treatment:

- ninety per cent of PLHIV know their HIV status;
- ninety per cent of people diagnosed with HIV receive ART;¹¹ and
- ninety per cent of PLHIV who are on ART achieve viral load suppression.¹²

AIDS-related deaths:¹³

- reduce AIDS-related deaths below 30 000 (contributing towards reducing global AIDS-related deaths below 500 000);
- reduce tuberculosis deaths among PLHIV by 75% (or an appropriate numerical target for low-prevalence countries); and
- reduce hepatitis B and C deaths among people coinfecting with HIV by 10%.

Discrimination:

- Zero HIV-related discriminatory policies and legislation.

Financial sustainability:

- Increase the number of countries sustainably funded for the HIV response, with increased domestic financing, to more than 90%.

¹¹ This translates into a target of 81% of PLHIV receiving ART.

¹² This translates into a target of 73% of PLHIV achieving viral suppression.

¹³ The terms "AIDS-related deaths" and "HIV-related deaths" are used interchangeably throughout this report and other WHO documentation.

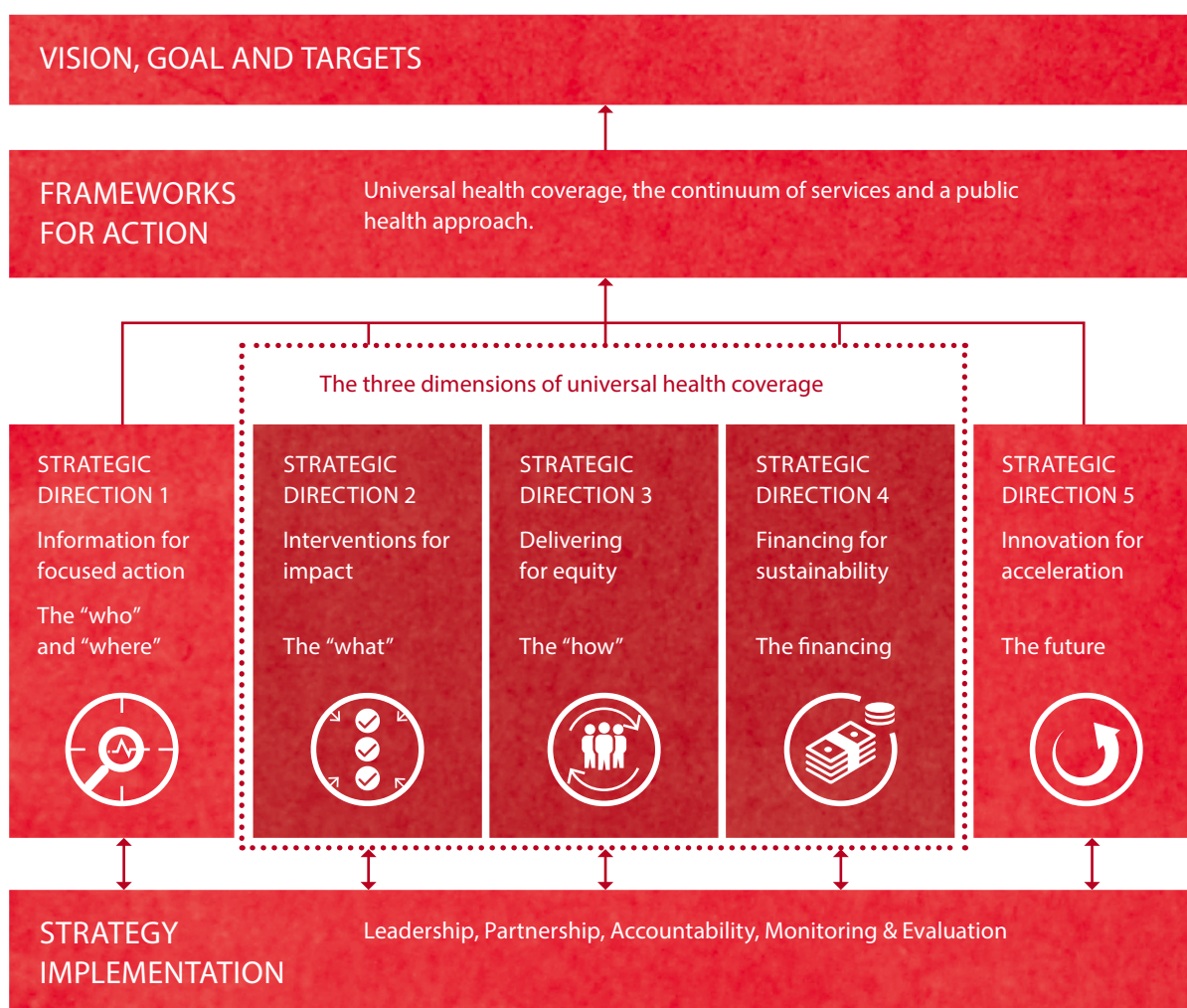
Guided by these **regional** goals and targets, Member States of the European Region should develop **national** goals and targets for 2020 and beyond. These should take into consideration the local context of each Member State, be based on the best available data and be monitored through a set of measurable indicators. The targets should apply to everyone, with a particular focus on key populations.

Strategic directions and fast-track actions

To achieve the targets for 2020 and the goal for 2030, action is required in five strategic directions. This approach aims to maximize synergies for integrated health services delivery and align the health sector response with other regional and global strategies, plans and targets for health and development.

The five strategic directions and their organizing principles are shown in Fig. 2.

Fig. 2 . The five strategic directions of the Action plan for the health sector response to HIV in the WHO European Region



Source: WHO (3).

Under each strategic direction, fast-track actions are specified for Member States, WHO and partners. These are based on the UNAIDS fast-track approach, which provides an agenda for quickening the pace of implementation, focus and change at the global, regional, country, provincial and local levels to meet the 90–90–90 targets (8). Fast-track actions are the key strategies that should be adopted to meet the 90–90–90 targets and, therefore, the goals and targets identified in this regional plan. They are intended to guide the efforts of Member States through selecting and implementing the actions most appropriate to their HIV epidemic and national context.

Strategic direction 1. Information for focused action

Strategic direction 1 is based on the principle that you need to **know your HIV epidemic and response to implement a tailored response**. It focuses on the need to generate and use high-quality strategic information about

the HIV epidemic and the response as the basis of focused national strategic planning, urgent and accelerated programme implementation, and advocacy to raise political commitment. Strategic information is critical to strengthening and, where necessary, transforming national and subnational structures and processes to ensure coordination across different stakeholders and alignment of the HIV response with the broader health sector. Monitoring national responses and their impact on the epidemic makes it possible to focus HIV services more effectively, and to deploy or adapt services to reach more people in need.

Developing a strong, comprehensive national HIV strategic information system is vital for providing timely, high-quality data for decision-making and national strategic planning. The system should use standardized indicators and methodologies, guided by WHO and UNAIDS guidelines and joint European Centre for Disease Prevention and Control (ECDC)/WHO surveillance protocols, to inform policy and programme decisions.



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Knowing who is affected by HIV, how they became infected and where they are is essential for developing targeted high-impact treatment and prevention programmes. In turn, monitoring national responses and their impact on the epidemic makes it possible to focus HIV services more precisely and effectively, and to deploy or adapt services to reach more people in need – including those in key populations.

The rigorous application of ethical standards in gathering and using data is important to avoid compromising the confidentiality and safety of individuals and communities. Greater community and stakeholder involvement in data collection and analysis has the potential to improve the quality and use of information.

High-quality strategic information on HIV, including epidemiological trends and data on the local context and national response, is essential for updating national HIV strategies and plans to achieve goals and targets for 2020 and beyond. Progress towards achieving national targets should be monitored using a set of standardized and measurable indicators.¹⁴ National goals and targets should be aligned with regional and global goals and targets, while taking into consideration national and local contexts, including the nature and dynamics of national HIV epidemics, the populations affected, and the health system's organization and capacity.

Fast-track actions to achieve the 2020 targets

Member States should take the following actions:

- collect and analyse timely, high-quality epidemiological data to understand how, where and among whom new HIV infections are occurring; develop HIV estimates; monitor risk behaviours and estimate the size of key populations in need of services;
- collect and analyse high-quality granular data on the HIV response (i.e. disaggregated by sex, age, population, location and other characteristics) to evaluate health system performance along the continuum of HIV services (including the cascade of care) and evaluate impact to guide more focused HIV services and investments;

¹⁴ The WHO 2015 Consolidated strategic information guidelines for HIV in the health sector (30) recommends 50 national indicators for countries to consider at national level when measuring their health sector's response along the cascade of HIV services, **including 10 indicators** that are identified for global monitoring.

- set national targets and milestones, review and update national HIV strategies and develop costed workplans;
- link and integrate HIV strategic information systems with broader health information systems, including those focusing on coinfections and other comorbidities (in particular, TB, viral hepatitis and STIs), and expand cross-border sharing of information to ensure service continuity for refugees, migrants and other mobile populations; and
- strengthen the coordination of national HIV responses and ensure multisectoral action, strong collaboration and civil society involvement, particularly for PLHIV and other relevant stakeholders.

Supporting actions to complement the fast-track response

Member States should consider the following actions (as appropriate to their HIV epidemic and national context):

- build a strong investment case for HIV services and programmes to encourage accountability and oversight functions to help ensure adequate quality, scale, impact and political commitment;
- integrate drug resistance surveillance and monitoring of early warning indicators into testing and treatment services and broader health information systems, including those for antimicrobial resistance;
- ensure that strategic information systems measure clinical markers along the cascade of care using standardized indicators guided by WHO, ECDC and UNAIDS guidelines and protocols;
- assess the efficiency, effectiveness and return on investment of the existing HIV response and its components so that services can be deployed or adapted to reach the most people in need;
- strengthen national and subnational capacity to monitor and measure changes in the enabling environment, including the levels and types of stigma and discrimination experienced by PLHIV and the policy and legal environment; and
- use qualitative data to assess the quality of life for PLHIV to supplement knowledge about the dynamics of and reasons for HIV transmission.

WHO and its partners will take the following actions:

- support the revision and prioritization of national HIV strategies, with a focus on achieving the targets by 2020 and the goal by 2030;



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- support implementation of WHO and UNAIDS guidelines and tools related to HIV strategic information and joint ECDC/WHO surveillance protocols to strengthen national HIV strategic information systems;
- collect, analyse and disseminate regional strategic information about the HIV epidemic and health system responses in the WHO European Region, with a particular focus on the cascade of care; and
- support continuing work to strengthen national HIV estimates, in collaboration with UNAIDS and ECDC.

Strategic direction 2. Interventions for impact

Strategic direction 2 is based on the principle that **all people should receive the full range of HIV services they need**. It describes evidence-based interventions that have the greatest impact across the continuum of HIV services, including the cascade of care and ranging from comprehensive, combination prevention to innovative

and targeted HIV testing and the delivery of people-centred treatment and care. These interventions should ensure that PLHIV and those at risk of acquiring HIV have positive health outcomes and a good quality of life.

This strategic direction urges Member States to define and implement an essential, comprehensive package of prevention, testing, treatment and care interventions¹⁵ contextualized to the local epidemic, resources and capacity. This package should be developed with the involvement of NGOs, civil society and PLHIV because evidence has repeatedly shown that such initiatives are most effective when designed in consultation with those who will access them. The essential package of HIV services should be included in the national health benefit package. There should be no out-of-pocket expenses to ensure the

¹⁵ WHO guidelines make recommendations on the selection and use of interventions along the full cascade of HIV services, summarize the evidence of effectiveness of different interventions and services, and provide guidance on how such interventions might be applied in different contexts (31).

services are affordable for PLHIV and the HIV response is sustainable. The service package should include a set of interventions, services, medicines and commodities across the continuum of services following the “test and treat” agenda and the principles of differentiated care (which advocates for specific care packages based on the level and type of need) (31). See Strategic direction 3 for a more detailed discussion of differentiated care.

An essential, comprehensive package of services should be selected through a transparent process involving key stakeholders and a number of criteria, including effectiveness, cost, cost-effectiveness, acceptability, feasibility, relevance, legislation, demand and ethics. The package should be regularly reviewed to ensure that the selected interventions reflect changes in the country epidemic and context, advances in technologies and service delivery approaches, and evidence of impact. Combinations of interventions should be specifically considered, while recognizing that some interventions will

only be effective or achieve maximum impact if delivered in combination with a core service package.

Service uptake at the scale needed to achieve the 90–90–90 targets (8) requires a shift in the way health systems operate. The service delivery model should promote equity and human rights, universal health coverage, the continuum of HIV services (including the cascade of care) and a public health approach ranging from prevention to palliative care. This includes a shift towards community-based services, a greater focus on key populations, accessible and equitable service provision, and the involvement of NGOs and lay personnel.

Fast-track actions to achieve the 2020 targets

Member States should provide affordable, accessible, high-quality HIV services across the continuum (including the cascade of care) using a public health approach under a model of universal health coverage. In this context, Member States should define an essential, comprehensive



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package of HIV services to be integrated into the national health benefits package, based on the local context and the available capacity and resources.

To optimize prevention, Member States should:

- prioritize evidence-based comprehensive HIV combination prevention with a particular focus on transmission in key populations, with the inclusion of novel approaches such as pre-exposure prophylaxis (PrEP) for populations at substantial risk of HIV acquisition,¹⁶ and more traditional harm reduction initiatives, including drug dependence treatment, male and female condom lubricant programming, sexuality education and behaviour change communication;
- maximize the preventive benefits of antiretroviral drugs by scaling up ART coverage for all PLHIV to achieve national and regional targets; and
- eliminate HIV and congenital syphilis in infants by setting national targets, expanding coverage with antenatal care and testing (including in key populations), providing lifelong ART for women during pregnancy and after delivery, and ensuring early diagnosis of infants and immediate treatment for all infants diagnosed with HIV and congenital syphilis.

To expand targeted HIV testing, Member States should:

- focus HIV testing services to reach key populations in settings where HIV prevalence is highest and ensure early linkage to treatment, care and prevention services; and
- promote rapid HIV testing via an expanded range of approaches appropriate to the national context – including testing initiated by health care providers (for example, in response to the symptoms of acute retroviral syndrome), testing key populations through community and outreach services and lay service providers, testing in closed settings, and self-testing (32) – and simplify the strategy for HIV diagnosis to ensure timely enrollment to treatment and care (31).

¹⁶ Substantial risk of HIV infection is provisionally defined as an incidence of HIV higher than 3 per 100 person-years in the absence of pre-exposure prophylaxis (PrEP). Individual risk varies within groups at substantial risk of HIV infection depending on individual behaviour and the characteristics of sexual partners. Most countries have people at substantial risk of HIV infection: some are members of key and vulnerable populations but others are not.

To expand HIV treatment and care, Member States should:

- adopt a “treat all” approach and update national guidelines on HIV treatment and care, including on the prevention and management of major coinfections and comorbidities responsible for morbidity and mortality in PLHIV, particularly STIs, TB, viral hepatitis C and drug dependence;¹⁷ and
- closely monitor ART success by implementing regular testing of the HIV viral load and strategies to minimize resistance to HIV drugs, and use the data to inform national policies and guidelines on ART.

Supporting actions to complement the fast-track response

Member States should also consider the following actions (as appropriate to their HIV epidemic and national context):

- guarantee treatment for opportunistic infection, comorbidities and provide chronic care to PLHIV on ART by addressing age-related health needs to ensure a good quality of life;
- provide psychological and social support to PLHIV and empower them to manage their condition by improving their health literacy, thereby enabling self-management of their condition and improving treatment adherence;
- provide high-quality HIV testing and laboratory monitoring of treatment efficacy by adopting strengthened, innovative HIV testing and laboratory technology and by ensuring adherence to ethical testing procedures and internal and external quality control;
- certify health services that practice a high standard of blood product safety, proper sterilization of medical equipment and consistent use of universal precautions; and
- prevent gender-based and sexual violence with structural interventions, such as addressing gender inequities and antisocial behaviour, and provide care for those who experienced sexual abuse, including the provision of post-exposure prophylaxis.

WHO and its partners will take the following actions:

- provide regular updates on innovative, evidence-based guidelines and tools for effective comprehensive,

¹⁷ Where appropriate the approach will also address viral hepatitis B.



... IS
... RIGHTS
... PLWHA

HOPS
FOR DIVERSITY
EQUALITY
SOLIDARITY

MACEDONIA
AGAINST
HIV!!!

REST
HUMAN
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HIV
POSITIVE



... W/AID ...



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- combination prevention; testing; delivery of ART; and management of major comorbidities, including STIs;
- support countries to implement national HIV testing strategies, standardize ART regimens and plan the scaling up of ART coverage to reach national and regional targets;
 - support countries to update their policies and practices to prevent MTCT of HIV and congenital syphilis and to strengthen their capacity to monitor progress in dual elimination and elimination validation; and
 - provide guidance and support to countries to prevent and monitor HIV drug resistance and optimize treatment approaches.

Strategic direction 3. Delivering for equity

Strategic direction 3 is based on the principle that **all people should receive the services they need and that services should be of sufficient quality to have an impact.**

It responds to the need for an enabling environment and optimization of service delivery. HIV interventions and the health and community systems that provide them should be grounded in an environment that promotes equity and is based on human rights principles. To reach those most affected and guarantee that no one is left behind, the continuum of HIV services needs to be tailored to different populations and locations.

The HIV continuum of services also relies heavily on the concept of service integration, both across HIV services and with other services focusing on comorbidities and related health conditions such as TB (including multidrug resistant TB and extensively drug-resistant TB)¹⁸, viral

¹⁸ Multidrug resistant TB: resistance to at least both isoniazid and rifampicin.

Extensively drug resistant TB: resistance to any fluoroquinolone and to at least one of three second-line injectable drugs (capreomycin, kanamycin and amikacin) in addition to multidrug resistance

hepatitis, sexual and reproductive health, and drug dependence.

Decades of experience has shown that HIV interventions are most effective when delivered within the appropriate social, legal, policy and institutional environments. These environments should be accessible to a range of population groups and be free of stigmatization and discrimination. When properly enforced, laws and policies that discourage inequalities based on gender, race or sexuality and protect and promote human rights can reduce vulnerability to, and risk of, HIV infection while enhancing the efficacy of services.

Strategic direction 3 also encourages countries to develop their HIV interventions, including the essential package of services for PLHIV, in line with the differentiated care framework (31). The differentiated care framework requires the delivery of different HIV care packages for PLHIV based on their needs and is characterized by four delivery components: the type of service; the location of service delivery; the service provider; and the service frequency (shown in Fig. 3). By providing differentiated care, Member States can support improvements in health

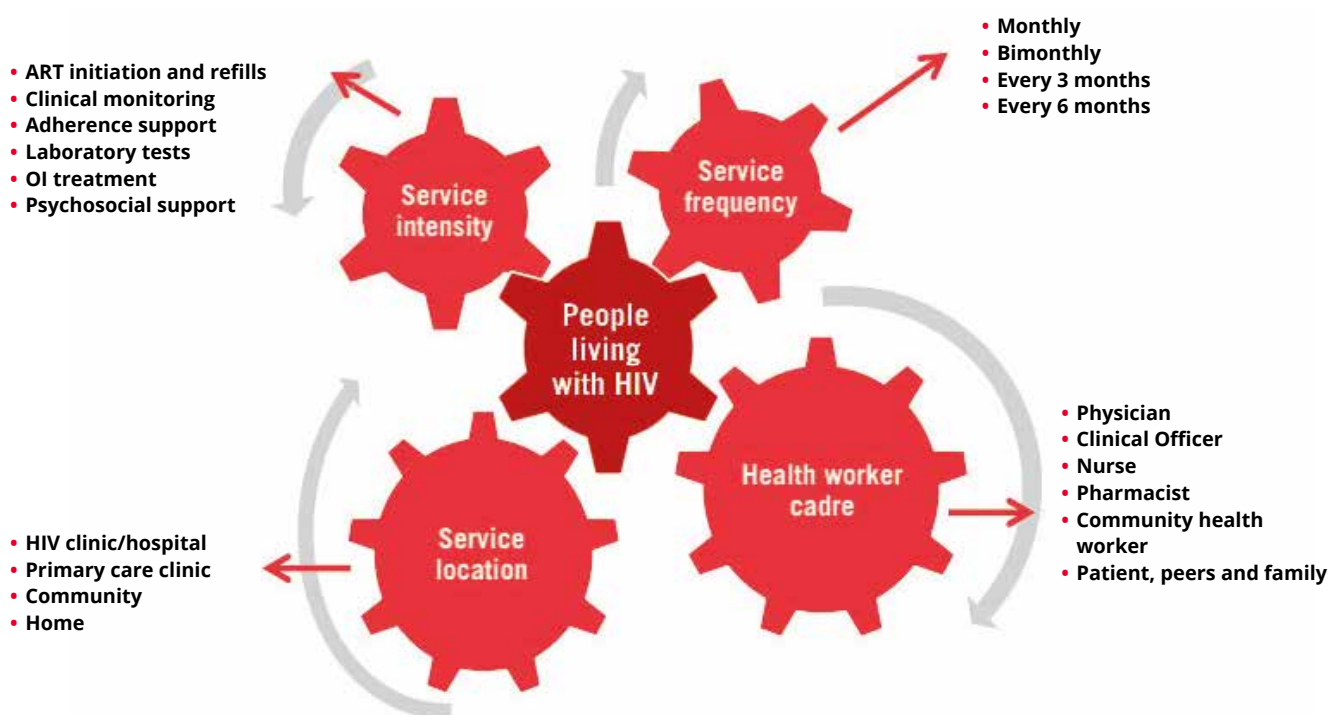
outcomes and direct resources and activities towards those in most need in the most efficient and effective manner.

Fast-track actions to achieve the 2020 targets

Member States should take the following actions:

- ensure the implementation of an essential package of services that is equitable, accessible and employs differentiated care;
- ensure people-centred, integrated care by linking HIV services with other health services, particularly in the context of preventing, diagnosing and treating coinfections and other comorbidities (with a focus on TB, viral hepatitis, STIs, drug dependence), and integrating with sexual and reproductive health;
- define and implement HIV interventions for key populations (including migrants and mobile populations, where applicable) that are tailored to the local context, capacity and resources, and ensure that services are relevant, acceptable and accessible and provided in an environment that protects the human rights of PLHIV;

Fig. 3. Key factors in differentiated approaches to care



OI: [opportunistic infections].

Source: reproduced by permission of the publisher from Duncombe et al. (33).

- ensure that legal and regulatory frameworks respect the human rights of PLHIV and facilitate partnerships with NGOs, civil society and PLHIV to expand access to high-quality and evidence-based HIV services for key populations groups; and
- strengthen human resources for the response to HIV by making projections of the demand for health professionals, and develop the capacity of the health workforce by defining core competencies for different roles in provision of comprehensive HIV services.

Supporting actions to complement the fast-track response

Member States should consider the following actions (as appropriate to their HIV epidemic, political and social contexts):

- undertake strategic decentralization of services and ensuring person-centred and integrated care to increase access, coverage, acceptability and quality of care;
- seek opportunities to improve the efficiency of service delivery by coordinating HIV interventions and services with other health programmes and the overall health system; and
- develop and implement quality improvement and assurance programmes to improve service delivery for PLHIV.

WHO and its partners will take the following actions:

- provide updated guidance on essential HIV and STI services, differentiated care and service delivery models, including models designed for key populations and specific settings;
- support Member States to build the capacity of their health workforce to optimize HIV services, ensuring that such services are people centred, accessible, integrated, community based and focused on the continuum of HIV services throughout the life-course; and
- facilitate partnerships and encourage Member States to create an enabling environment for accessible, equitable and affordable HIV services through multisectoral collaboration and engagement with civil society, including PLHIV.

Strategic direction 4. Financing for sustainability

Strategic direction 4 is based on the principle that **all people should receive the services they need without experiencing financial hardship**. It identifies the need for sustainable and innovative financing models for the HIV response and for approaches to reduce costs, along with protection systems, so that people can access the services they need without incurring financial hardship. This is possible when health services are delivered under a model of universal health coverage.

To meet the targets outlined in this Action plan, efficiencies and results can be maximized by focusing on a number of key areas. The potential for efficiency lies in health service delivery: better integrated services, improved programme management, and reorganization of the health workforce and its professional scope of practice should be aligned with strategic financial incentives. A focus on improved selection, procurement and supply of high-quality, affordable medicines, diagnostics and related equipment, and other health commodities, alongside improved integration with other health services, will maximize the sustainability of the HIV response.

Strategic direction 2 defined an essential package of HIV interventions to be included in the national health benefit package. As much as possible, this package should be financed domestically, and minimize out of pocket expenses for PLHIV and those at risk of acquiring HIV. This will ensure the delivery of sustainable, continuous and accessible HIV services, without financial risk, for people in the greatest need.

Fast-track actions to achieve the 2020 targets

Member States should take the following actions:

- ensure the financial sustainability of HIV services, including defining and financing the essential package of HIV interventions to achieve the 90–90–90 targets;
- protect against health-related financial risk at the individual level by providing the essential package of HIV interventions, reducing financial barriers and eliminating out-of-pocket expenses, and at the health



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systems level by monitoring health expenditure and the cost–effectiveness of services to identify opportunities for savings; and

- ensure the procurement of affordable, quality-assured HIV medicines and diagnostics, with consideration of the use of WHO prequalification processes, aiming for sustainable cost reductions and strengthened national management of procurement and supply.

Member States that rely on external funding sources should develop plans to transition from external to domestic funding of HIV services, with a particular focus on protecting the essential services most reliant on external funding to avoid service interruption.

Supporting actions to complement the fast-track response

Member States should consider the following actions (as appropriate to their HIV epidemic and national context):

- expand innovative financing mechanisms and public–private partnerships, which may include financial support mechanisms for NGOs;
- seek opportunities to improve efficiency in service delivery by coordinating HIV interventions and services with the broader health system;
- explore options for international, regional and national procurement and amendments to pricing policies to achieve savings on medications and other HIV commodities; where appropriate, leverage cost reductions through the World Trade Organization Agreement on Trade-Related Aspects of Intellectual



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- Property Rights (TRIPS)¹⁹, including the judicious use of mechanisms for compulsory licensing;
- support interested Member States to adopt the WHO Health Accounts Country Platform Approach;²⁰
- raise revenue and guarantee sufficient funding allocations for HIV services and interventions;
- assess the economic efficiency of the HIV response in relation to intervention types, settings, and key populations to identify where the best return on investment can be generated; and
- provide funding for innovation and scientific research, including implementing or scaling up of best practice or initiatives shown to be successful in other parts of the country or Region.

WHO and its partners will take the following actions:

- build strategic partnerships for sustainable financing of the HIV response and encourage innovative financing models and new funding opportunities;

¹⁹ https://www.wto.org/english/docs_e/legal_e/31bis_trips_01_e.htm

²⁰ http://www.who.int/health-accounts/platform_approach/en/

- support countries to develop national cases for HIV investment and plans for financial transition to facilitate the move from external to domestic HIV funding;
- provide guidance and tools for monitoring health service costs and cost-effectiveness; and
- advocate that countries include the essential package of HIV interventions and services in their national health benefit packages and remove financial barriers for individuals in accessing HIV services.

Strategic direction 5. Innovation for acceleration

Strategic direction 5 is based on the premise that **changing the course of the response can achieve ambitious targets**. It identifies areas with major gaps in knowledge and technology, where innovation is required to shift the course of the HIV response so that action can be accelerated to achieve the targets for 2020 and goal for 2030. The ambitious but achievable

targets set in this action plan require new thinking, technology, partnerships, models of collaboration and approaches to service delivery. The European Region should look beyond biomedical innovations to include innovations related to communication, behaviour change, service delivery and economic modelling.

A particular focus should be on developing innovative service delivery models that effectively reach key populations with HIV prevention services and engage and retain them in the entire continuum of HIV services. Services required by key populations, including treatment for drug dependence, and currently underdeveloped should be prioritized throughout the Region.

Fast-track actions to achieve the 2020 targets

Member States should take the following actions:

- undertake primary and implementation research to address gaps in national HIV responses, with a particular focus on reaching key populations and maximizing effectiveness and efficiency;

- allocate national resources to stimulate and encourage innovation and sharing innovations in technologies, models of collaboration and service delivery;
- establish multisectoral partnerships and collaboration opportunities focused on innovation and best practice that include NGOs and private sector organizations;
- ensure that key challenges in the European Region are targeted for innovative solutions, including the need to ensure that PLHIV learn their status at the earliest stages of infection and that HIV services effectively reach key populations; and
- deliver integrated health services covering HIV, TB, viral hepatitis, drug dependence, sexual and reproductive health, using innovative approaches that are designed in consultation with civil society, most importantly PLHIV.

Supporting actions to complement the fast-track response

Member States should also consider the following actions (as appropriate to their HIV epidemic and national contexts):



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- develop the capacity to undertake research to identify new and transferable service delivery models, and improve the transfer of research to practice;
- promote and facilitate public–private partnerships focused on service innovation, workplace HIV programmes and stigma-reduction; and
- use innovations in digital and information technology including social media and the use of social networks to strengthen combination prevention as well as monitoring and evaluation approaches.

WHO and its partners will take the following actions:

- support HIV research in four main areas: building the capacity of health research systems; convening partners to set priorities for research; setting norms and standards for good research practice; and facilitating the translation of evidence into affordable health technology and evidence-informed policy;
- provide guidance and technical assistance on using existing evidence-based interventions more efficiently and adapting them for different populations, settings or purposes to optimize prevention, expand access to testing and treatment, and maximize service delivery;
- exchange and transfer knowledge and experience from the global context and other WHO regions, and provide guidance and technical assistance in translating them for use in the national context; and
- continuously document and share best practices in the implementation of innovative service delivery models, including those focusing on community-based services.



Action plan implementation

Member States will be supported by the WHO Regional Office for Europe and partners to develop ambitious national goals and targets for 2020 and beyond, guided by global and regional goals and targets. National goals and targets should reflect the country context and be based on the best available data on the current HIV situation along with trends and responses, and monitored through a set of standard and measurable indicators. The targets should apply to all populations, with a specific focus on key populations.

Partnerships

Effective implementation of this Action plan requires the establishment of strong governance processes, a whole-of-government approach with multisectoral engagement, and continuing political commitment and resources at the highest levels. This should include strong partnerships and the involvement of civil society, particularly PLHIV, to ensure that linkages across disease-specific and cross-cutting programmes are established and strengthened.

The WHO has an important convening role through bringing together different constituencies, sectors and organizations to support a coordinated and coherent health sector response to the HIV epidemic. In addition to the ministries of health of Member States, the Regional Office Secretariat will work closely with other key partners, including:

- **multilateral and bilateral institutions, donors, development agencies, funds and foundations:**

examples include the European Commission and its institutions, ECDC, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Centers for Diseases Prevention and Control, the United States President's Emergency Plan for AIDS Relief, and other multilateral donors and development agencies;

- **civil society, including PLHIV:** civil society and PLHIV are represented in all WHO regional advisory committee, as well as in groups involved in developing WHO policies, guidelines and tools. A range of civil society organizations have official relations with WHO, enabling them to attend as observers various WHO governing body meetings, including the World Health Assembly;
- **UNAIDS and partner United Nations agencies:** the Regional Office works collaboratively within the broader United Nations system to provide a comprehensive multisectoral HIV response. The 10 additional UNAIDS cosponsors, along with the UNAIDS Secretariat, contribute to the health sector response to HIV, guided by the UNAIDS "division of labour" which outlines key areas of responsibilities across the UNAIDS family (34);
- **research organizations, professional associations and technical partners:** these include WHO collaborating centres, research institutions, national institutes of excellence and other partners and technical experts.

Monitoring and evaluation

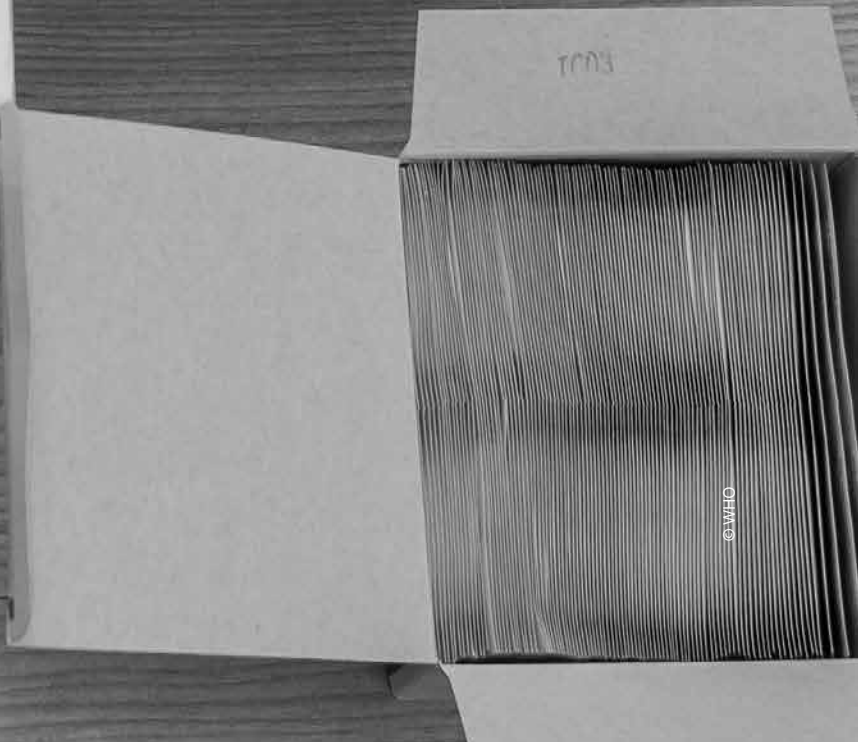
As WHO is committed to reducing the data collection and reporting burden for Member States, no additional data collection is foreseen for the Action plan. Monitoring and reporting progress towards regional goals and targets will be based on data received from Member States through various existing monitoring and evaluation mechanisms and processes, including the joint UNAIDS/WHO/United Nations Children's Fund annual Global AIDS Response Progress Reporting (GARPR) (35) and the joint ECDC/WHO HIV surveillance in Europe (36). The Regional Office will also work with partners, including ECDC and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), to ensure that relevant data reported by Member States as part of the ECDC and EMCDDA monitoring processes will be used in the most effective way to support monitoring the implementation of this plan.

GARPR collects data on the global HIV response through a joint agency online reporting tool that includes several

components. First, it includes a set of standardized indicators (37), including 10 for monitoring the regional implementation of this plan. These comprise the minimum requirements for national and regional monitoring and the continuum of HIV services, including the cascade of care (see Annex 1). GARPR also includes other indicators: the WHO questionnaire on national policies and practices, which monitors countries' uptake of WHO guidelines on HIV; and the UNAIDS National Commitments and Policy Instrument, which measures progress in implementing policy, legal and structural measures to enhance the HIV response.²¹

Progress at global and regional levels in moving towards the targets set out in this Action plan and the Global health sector strategy on HIV 2016–2021 (3) will be regularly assessed, including through annual global WHO reports on the health sector response to HIV and reports to the Regional Committee for Europe at its 69th and 72nd sessions in 2019 and 2022, respectively, on implementation of the Action plan for the health sector response to HIV in the WHO European Region.

²¹ The National Commitment and Policy Instrument was included in GARPR in 2010, 2012 and 2014. It is currently under review but will be again included in 2017.



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Annex 1. Key indicators to measure the regional health sector response to the HIV epidemic

No.	Result chain	Indicator	Indicator details
1	Know your epidemic	PLHIV	Estimated number of PLHIV
2	Inputs	Domestic finance	% of HIV response financed domestically
3	Outputs and outcomes (HIV services cascade)	Prevention for key populations	For sex workers, % reporting condom use with most recent client For men who have sex with men, % reporting condom use at last anal sex with a male partner For people who inject drugs, needles–syringes distributed per person per year
4		PLHIV diagnosed	Number and % of people living with HIV who have been diagnosed
5		HIV care coverage	Number and % of PLHIV who are receiving HIV care (including ART)*
6		Currently on ART	Number and % of PLHIV who are currently receiving ART
7		ART retention	Number and % of PLHIV and on ART who are retained on ART 12 months after initiation (and 24, 36, 48 and 60 months)
8		Viral suppression	Number and % of people on ART who have suppressed viral load
9		Evaluate impact	AIDS-related deaths
10	New infections		Number of new HIV infections and rate per 100 000 population

No.	Result chain	Indicator	Indicator details
11	Evaluate impact	MTCT rate	% infants born to HIV-positive women in the past 12 months who were HIV positive
12		HIV MTCT and congenital syphilis case rate	New cases of congenital syphilis and HIV MTCT per 100 000 live births
13		Tuberculosis deaths among PLHIV	Number of tuberculosis deaths among PLHIV
14		Hepatitis deaths among PLHIV	Number of hepatitis B and C deaths among PLHIV**
15		HIV-related discrimination	Discriminatory HIV-related policies and legislation presenting obstacles to an efficient HIV response (measured through the National Commitments and Policy Instrument (NCPI))

The shaded indicators (1–10) refer to the 10 global indicators recommended by WHO for global reporting (30)

* As countries transition to WHO treat all recommendations, the HIV care coverage indicator will gradually be phased out.

** This indicator is currently not required for global reporting; standardized measurement approaches are yet to be developed.

ART: antiretroviral therapy; MTCT: mother-to-child transmission; PLHIV: people living with HIV.

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Annex 2. Resolution EUR/RC66/R9 of the 66th session of the WHO Regional Committee for Europe



Regional Committee for Europe

66th session

Copenhagen, Denmark, 12–15 September 2016

EUR/RC66/R9

14 September 2016

160770

ORIGINAL: ENGLISH

Resolution

Action plan for the health sector response to HIV in the WHO European Region

The Regional Committee,

Having considered the Action plan for the health sector response to HIV in the WHO European Region;¹

Recognizing the importance of responding to HIV within the framework of Health 2020 – the European policy framework,² adopted in resolution EUR/RC62/R4 in 2012, to improve health and well-being in the Region and to reduce health inequalities;

Recalling the Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (2011) and the High-level Meeting on Ending AIDS (2016);³

¹ Document EUR/RC66/9.

² Document EUR/RC62/9.

³ United Nations General Assembly resolutions A/RES/65/277 and A/RES/70/228, respectively.

Noting Transforming our world: the 2030 Agenda for Sustainable Development,⁴ and the Sustainable Development Goals (SDGs), in particular SDG₃ (Ensure healthy lives and promote well-being for all at all ages) and SDG target 3.3 (AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases and other communicable diseases), specifically calling for ending the AIDS epidemic as a public health threat;

Recalling resolution WHA64.14 adopting the Global health sector strategy on HIV/AIDS, 2011–2015 in 2011 and resolution WHA69.22 adopting the Global health sector strategies on HIV, viral hepatitis and sexually transmitted infections, for the period 2016–2021 in 2016;

Reaffirming the continuing commitment of Member States to the Dublin Declaration on the Partnership to Fight HIV/AIDS in Europe and central Asia and the European Action plan for HIV/AIDS 2012–2015 adopted in resolution EUR/RC61/R8 in 2011;

Recognizing the Tuberculosis action plan for the WHO European Region 2016–2020, the European action plan for strengthening public health capacities and services, the European child and adolescent health strategy 2015–2020,⁵ and the Tallinn Charter: Health Systems for Health and Wealth, adopted in resolution EUR/RC58/R4 in 2008;

Noting the concurrent development of the Action plan for the health sector response to viral hepatitis in the WHO European Region, the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, the Strategy on women’s health and well-being in the WHO European Region, the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region and the Strategy and action plan for refugee and migrant health in the WHO European Region;⁶

Concerned about the continuing public health threat that HIV poses in the European Region, particularly the alarming increase in the number of newly diagnosed infections and increasing rates of AIDS and AIDS-related mortality in the eastern part of the Region, and the high proportion of people living with HIV who are unaware of their HIV status, are diagnosed at a late stage of infection, do not receive treatment, begin treatment at a late stage or do not achieve viral suppression;

Recognizing that HIV in the European Region disproportionately affects key populations, who are marginalized and stigmatized, experiencing policy and structural barriers (EU) in access to HIV prevention, treatment and care services, thereby exacerbating social and gender inequalities in many parts of the Region;

Acknowledging the need for strong health systems that provide accessible, affordable and high-quality, integrated, patient-centred health services, addressing high rates of coinfections, particularly tuberculosis and viral hepatitis, and other comorbidities;

Concerned about challenges related to sustainable financing, a decrease in external resources and the need for successful transition of HIV funding from international to domestic sources in some countries;

Concerned that the current pace of action is insufficient to reverse the HIV epidemic in the Region and that significant reformulation, innovation and acceleration of the response as well as a focus on evidence-based, high-

⁴ United Nations General Assembly resolution A/RES/70/1.

⁵ Adopted in resolutions EUR/RC65/R6, EUR/RC62/R5 and EUR/RC64/R6, respectively.

⁶ Documents EUR/RC66/10, EUR/RC66/13, EUR/RC66/14, EUR/RC66/11 and EUR/RC66/8, respectively.

impact interventions is urgently required on a broad scale in order to meet regional and global goals and targets; adapted to national priorities, legislation and specific contexts;

Recognizing that this resolution supersedes resolution EUR/RC61/R8 in which Member States adopted the European Action Plan for HIV/AIDS 2012–2015;

1. ADOPTS the Action plan for the health sector response to HIV in the WHO European Region, with its goal, targets and fast-track actions, as an urgent call to respond to the public health challenge presented by HIV;
2. URGES Member States:⁷
 - (a) to review, and where appropriate revise, national HIV strategies and targets based on the local epidemiological context and national strategic information informed by evidence-based operational monitoring and accountability mechanisms and guided by the Action plan for the health sector response to HIV in the WHO European Region;
 - (b) to prioritize key populations, women and girls in national HIV strategies to ensure full access to HIV prevention, testing and treatment services and to remove legislative and structural barriers through intersectoral collaboration and involvement of civil society, including people living with HIV;
 - (c) to strengthen HIV prevention by promoting high-impact, evidence-based, cost-effective, comprehensive interventions and innovative tools, including pre-exposure prophylaxis, harm reduction services, innovative approaches to HIV testing, focusing on key populations, women and girls and by addressing social and gender inequalities;
 - (d) to define a package of services for people living with HIV, and ensure implementation of a set of interventions, including targeted HIV testing, treatment for all people living with HIV, and monitoring of treatment success, by promoting integrated, people-centred, community-based services to meet treatment coverage targets;
 - (e) to reinforce political commitment and ensure sustainable financing for HIV, particularly in countries transitioning from external to domestic resources, to secure affordable and sustained programmes;
3. REQUESTS the Regional Director:
 - (a) to support the implementation of the Action plan for the health sector response to HIV in the WHO European Region by providing leadership, strategic direction and technical guidance to Member States;
 - (f) to continue to work in partnership with international, regional and national partners to advocate for commitment and resources to strengthen and sustain the response to HIV;
 - (g) to identify and facilitate the exchange of best practices and experiences among Member States⁸ and to produce evidence-informed tools for an effective HIV response;
 - (h) to monitor and report to the Regional Committee at its 69th and 72nd sessions in 2019 and 2022, respectively, on the implementation of the Action plan for the health sector response to HIV in the WHO European Region.

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⁷ And, where applicable, regional economic integration organizations.

⁸ And, where applicable, regional economic integration organizations.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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