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Second meeting of the AIDS/HIV/STD Regional Advisory Group

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1. INTRODUCTION

The Regional Office for the Eastern Mediterranean (EMRO) of the World Health Organization (WHO) convened the second meeting of the AIDS/HIV/STD Regional Advisory Group (ARAG) in Cairo, Egypt, 10–11 September 2002. The agenda of the meeting included the following topics and activities:

- Update on the HIV/AIDS/STD epidemiological situation in the Region
- HIV/AIDS and sexually transmitted disease programme (ASD) strategies, achievements and future directions
- Challenges facing ASD, and best ways for ARAG to support ASD programmes
- ARAG strategy for monitoring and supporting implementation of the Regional plan
- ARAG strategy for monitoring and supporting country response
- ARAG strategy for advocacy directed to leaders, policy makers and public opinion.
- Preparing the future ARAG work plan.

The meeting was opened with welcoming remarks from H.E. Mr Marwan Hamadeh, Chairman of ARAG, and followed by an address from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. Dr Gezairy welcomed the ARAG members, and noted that the situation of HIV in the Region had surpassed all predictions. It was now estimated that there were more than 800 000 persons living with HIV in the Region. Not only had the epidemic progressed to a larger scale in a few countries; but it was clear that the virus was spreading faster than efforts in prevention could keep up with. Even with incomplete data, it was evident that the HIV epidemic in countries of the Region was no longer in quiescent stage but had reached the pre-epidemic stage. In a few countries it had already reached epidemic dimensions. Not enough was being done to halt it, and some of the countries of the Region would not be spared the serious implications of the HIV epidemic.

The commitment of the Member States in Region, as well as that of WHO/EMRO, had been renewed when the Regional Committee endorsed in October 2001 the regional strategy for improving the health sector response to HIV/AIDS and STDs. It was the joint task of EMRO and ARAG to ensure that countries kept to their commitments, and that effective action followed in order to avoid thousands of deaths, mainly among young people, and the disruption of families and societies. The epidemic was relentless, and more needed to be done to achieve the goals of HIV/AIDS prevention and care. Most of the national programmes in the Region had limited capacity; complex emergency situations existed in some areas; some practices in the Region, such as injecting drug use and risky sexual behaviour, were more common than readily acknowledged; but above all, stigmatization and discrimination related to HIV/AIDS/STD remained the most persistent threat to any positive action.

Decision-makers in the Region faced a dilemma, noted Dr Gezairy. How were health resources to be allocated based on the long list of health priorities in countries? Should governments spend scarce resources on care for HIV? It was understood that governments had to make choices, especially where scarce resources were concerned, but HIV prevention and care went hand in hand. Although prevention remained the cornerstone of any fight against HIV/AIDS, the needs of the thousands affected by HIV could not be ignored. Whatever the economic calculations might be, highly active anti-retroviral therapy (HAART), which was introduced in 1995, had resulted in dramatic reductions in morbidity and mortality, and had greatly improved quality of life, even in developing countries. It had helped, for example, mothers and fathers who were affected to survive and attend actively to their families' needs; and professionals to continue to teach, treat, build and produce for their societies. WHO had announced at the Barcelona Conference on AIDS that 3 million people worldwide should be able to access anti-retroviral drugs by 2005. The challenge was great and the response needed to be on the same scale.

Dr Gezairy added that in the first ARAG meeting in Beirut in April 2002, the members had outlined the different HIV/AIDS/STD challenges which needed specific input from ARAG. ARAG had committed itself to help improve the visibility of HIV programmes, gain stronger commitment from decision-makers and leaders, and to assist in generating resources for initiative at both regional and country levels. The structure of ARAG and its leadership, and its advocacy and support to the regional strategy, would help to produce outstanding achievements in the near future.

H.E. Mr Marwan Hamadeh, Chairman of ARAG, noted that the ARAG group would be focusing mainly on the following areas:

- Raising HIV/AIDS awareness at institutional level, i.e. among political decision makers, religious leaders, academic and educational circles and the scientific community

- Promoting prevention as a first line to fight against HIV/AIDS

- Monitoring and supporting the development of technical work in various areas.

The programme and list of participants are included as Annexes 1 and 2. The ARAG plan of action for 2002–2003 is included as Annex 3.

2. REGIONAL UPDATE

Dr Jihane Tawilah, Regional Adviser, HIV/AIDS and Sexually Transmitted Disease, WHO/EMRO

Overview of the epidemiological situation

The HIV/AIDS threat in the WHO Eastern Mediterranean Region may appear relatively modest when compared to other Regions. However, this is due in part to under-reporting

because of the stigma associated with the disease and the inadequacy of surveillance systems in many countries. As the HIV epidemic is still relatively recent, infections are only beginning to emerge; however, the trend now is not only on the rise, but three countries (Djibouti, Somalia and Sudan) are already in a generalized epidemic situation and account for the majority of HIV infections estimated in the Region. Other countries, such as the Islamic Republic of Iran and Libyan Arab Jamahiriya, have seen local outbreaks among injecting drug users. The number of annual new AIDS and HIV cases reported in the Region has more than doubled in the past 8 years, after having been very low for more than a decade since the start of the epidemic. Only 3831 AIDS and HIV cases were reported to the Regional Office in 2001, but it is estimated that hundreds of thousands more cases exist. HIV estimates were revised to take into account the changing profile of the epidemic in the Region, and far surpass all previous projections. It is estimated that by the end of 2001, more than 680 000 adults of reproductive age were living with HIV, and that 80 000 of them were infected in 2001. About one-third of adults living with HIV in the Region are women. The estimated rate of new HIV infections in 15 to 49 year-old populations is more than 1% in the countries of the Region with generalized epidemics. HIV/AIDS takes a heavy toll on productivity since the age group most susceptible to the infection is also the most productive. In 2001, about 90% of all reported AIDS cases were among people in the age group 15–49 years.

It is commonly believed that the Region's conservative sociocultural norms and the relatively good health expenditures in some countries have helped to limit HIV spread. Nevertheless, the Region faces tremendous challenges which have potential implications for the spread of HIV: war-related displacement of populations, economic and physical embargoes in some countries, rapid urbanization and poverty in certain countries, as well as a population structure in which the majority are young people. In addition, the subregion comprising countries of the Gulf Cooperation Council has hundreds of thousands of travellers and expatriate workers who enter and leave each year. The persistence of other diseases in the Region adds to the complexity of the situation. Tuberculosis, including multidrug-resistant varieties, especially in Sudan and Pakistan, is highly problematic and hepatitis B and C significant, with Egypt reporting the highest prevalence worldwide of hepatitis C. Tuberculosis is exacerbated by HIV and the combination increases mortality. There are also signs that the rates of HIV infection among tuberculosis patients are on the rise. By mid-2001 these rates stood at 8% in Sudan, 4.8% in Oman, 4.2% in the Islamic Republic of Iran, 2.1% in Pakistan, and 0.6% in Egypt.

The HIV epidemics in the Eastern Mediterranean Region differ in character between countries. However, from a Regional point of view, factors that seem to drive the course of the epidemic are increases in injecting drug use (IDU), population mobility, which carries increased risk of unprotected sex, and transmission among men who have sex with men, which has become more significant recently. The issue of blood safety and HIV transmission remains of persistent concern in the Region, where millions of blood units are donated each year and screening is still far from comprehensive in several countries.

The increasing number of deaths due to AIDS in the countries of the Region is expected to rise further in the near future since access to appropriate care and antiretroviral drugs as it stands at present is very limited and seldom sustainable. Furthermore, action targeted at

behavioural change is lacking in many countries, and this, coupled with the high cost of treatment, portends increases in AIDS deaths in the future.

Sexually transmitted diseases (STDs) are an important cause of morbidity in the Region; however they are a problem that is still neglected by the majority of countries. Millions of curable STDs occur in the Region, with only a fraction actually recognized by the public health system and even fewer reported. In Morocco, for example, recent well-structured efforts to strengthen and decentralize STD surveillance and case management have resulted in estimates of 600 000 STD infections per year. The national AIDS programme in Egypt, in collaboration with Family Health International, carried out an evaluation of selected reproductive infections in various Egyptian population groups in greater Cairo between 1999 and 2000. Findings showed high prevalence of curable STDs, reaching 36.55% and 23.8% in a small group of prostitutes and men who have sex with men, respectively. In addition, 8.3% of women attending family planning clinics, 5.35% of drug users and 4% of women attending antenatal clinics had at least one STD. The Egyptian study indicates the need for a strong national STD prevention and control strategy and for a doubling of efforts to address vulnerable and high-risk groups.

National commitment and response

Some countries in the Region have started renewing their approaches and strategies for prevention and control of HIV/AIDS/STD through a national process of comprehensive situation analysis and strategic planning. Morocco and Pakistan have successfully developed a multisectoral national strategic plan for HIV/AIDS. Egypt, Djibouti, Lebanon, Sudan, Tunisia and Yemen are expected to complete their planning by end of 2002. In addition, innovative projects are in place in some countries and are expected to strengthen national response and introduce new methodologies for communicating with and addressing vulnerable groups. Djibouti has advanced in the development of a national strategy for STD case management and control; Egypt is carrying out a comprehensive assessment of the HIV/AIDS situation and response to it; the Islamic Republic of Iran is implementing a project on prevention of HIV/AIDS among drug users, including needle exchange and other harm reduction methods; Jordan has begun to focus on young people not enrolled in school using peer education methodologies; Lebanon is implementing a number of preventive interventions including peer education among sex workers, men who have sex with men and injecting drug users; Morocco is in the process of preparing HIV/AIDS essential packages for care and prevention including guidelines; Oman is implementing a project on HIV peer education among young people; the Syrian Arab Republic is developing approaches to target youth in slum areas through community-based HIV/AIDS education and communication activities; and Tunisia has engaged in innovative HIV/AIDS/STD information, education and communication campaigns at various levels and is active in youth mobilization and counselling for young people.

Areas of weakness remain, however, mostly in the following areas: sustained school-based HIV education; effective STD prevention and care; HIV voluntary counselling and testing; and specific interventions targeted at vulnerable groups. While impressive scientific advances have been obtained through treating pregnant women, thus reducing mother-to-child transmission of HIV infection by almost 70%, women in the Region are still deprived of

appropriate care. Development of an effective HIV surveillance system has not been achieved because of inadequate coordination and funding, as well as lack of capacity in many countries. A major obstacle to effective control measures is the political fear that public disclosure of the existence of the disease in countries will affect national reputation and tourism. Most of the countries in the Region continue to play down the extent of the HIV/AIDS problem within their borders, and a few countries continue to deny the problem. Health care systems focus on case detection and HIV screening, rather than counselling and support. Because of the implications of case detection in some countries, this discourages use of the system on the part of those most in need. When this happens, national AIDS programmes run a greater risk of the spread of disease and of not finding cases until a late stage. Only a few countries, such as Islamic Republic of Iran, Lebanon and Morocco, are committed to visible preventive efforts address hard-to-reach groups such as drug users, men who have sex with men and sex workers.

Health system capacity to confront the challenges for care of AIDS and related conditions is limited in most countries of the Region. Additional resources are needed to make HIV treatment possible. The potential for HIV/AIDS to become a chronic infection requiring primarily outpatient care is an added challenge to the health care system.

HIV antiretroviral therapies are expensive and even prohibitive in cost in many countries, in particular those already suffering from poverty and instability. Cost is not the only constraint; rapid development of resistance and complex dosage regimens require strict patient compliance, trained practitioners, a functioning health and social system for monitoring, follow-up care and support, and a drug regulatory system to ensure reliable supplies of safe and quality products. Despite the agreement of the Accelerating Access initiative with the pharmaceutical industry to provide antiretroviral drugs to countries at affordable prices, from this Region only Morocco has succeeded in negotiating up to a 60% price reduction for antiretroviral drugs. Lebanon and Tunisia have prepared plans for HIV care and have submitted them for negotiation with the pharmaceutical industry.

The private sector and nongovernmental organizations are increasingly involved in the delivery of HIV and STD prevention and care in some countries of the Region. However, with the exception of Morocco and Pakistan, who have completed the national strategic planning process for HIV, most countries are still in the early stages of developing national HIV/AIDS strategic plans. Thus the role and contributions of various partners, as well as non-health sectors at country level, are not clearly defined.

Action at regional level

There is hope that the situation will change. At the Forty-eighth Session of the Regional Committee for the Eastern Mediterranean in October 2001, Member States adopted resolution EM/RC48/R.4, which endorsed the Regional Strategic Plan 2002–2005 for Improving Health Sector Response to HIV/AIDS and STD in the Countries of the WHO Eastern Mediterranean Region. The strategic plan aims at strengthening and scaling up the national health sector response to HIV/AIDS and STDs, with a view to achieving a measurable impact on the spread of HIV/AIDS and STD epidemics in the countries of the Region. The plan takes into account

the cultural and sociopolitical characteristics of the Region and builds on the commitment of the Member States to the internationally agreed targets and the principles outlined in the United Nations General Assembly Special Session (UNGASS) Declaration on HIV/AIDS and 2000 World Health Assembly resolution WHA53.14. Thus, it aims at mobilizing commitment, resources and technical assistance to:

- reinforce protective factors at individual and community levels, especially among young people;
- reduce the number of people at risk of STD and HIV infections;
- ensure that all those who have the infection recognize their status and have access to comprehensive and integrated care and support services.

The WHO Regional Office assists in achieving these objectives through support for raising political commitment; for public information and for advocacy; generation of knowledge through operational research and appropriate monitoring of the epidemic; and capacity-building and development of comprehensive and integrated prevention and care approaches.

In addition, resolution EM/RC48/R4 specifically requests the Regional Director to provide the necessary technical support for the implementation of the strategic plan with special emphasis on countries in complex emergencies and to establish a Regional steering committee to promote political commitment and resource mobilization in support of implementation.

Accordingly, the Regional Director formed the HIV/AIDS and STD Regional Advisory Group for the Eastern Mediterranean (ARAG) which had its first meeting in April 2002 (see Annex). ARAG will focus on three main lines of action: 1) to act as an advocacy group with the task of informing community and national leaders, policy makers, public opinion and the media; 2) to follow up and review the status of implementation of the Regional strategy; and 3) advise on practical means to scale up the response to HIV/AIDS in the Region. ARAG has outlined its action plan for the year 2002 and will report to the Regional Director about its activities.

The twelfth intercountry meeting of the national AIDS programme managers was held in Beirut, Lebanon, in April 2002 with the main objective of translating EM/RC48/R4 into effective and relevant national strategies and actions. Country representatives thus developed action plans for 2002–2003 which allow implementation of the Regional strategic plan from the country's perspective in areas of both care and prevention. The meeting recognized the need to improve data through sentinel surveillance, behavioural surveys and rapid assessment studies. The meeting also recognized that one of the basic steps to improve the quality of life of people living with AIDS and to enhance prevention efforts targeted at those at high risk is to decrease the stigma attached to the disease. All the countries committed themselves to the issue of fighting stigma for the forthcoming World AIDS Day Campaign 2002. The meeting noted the growing problem of substance abuse and in particular injecting drug use and related

health hazards, including HIV/AIDS, and recommended the adoption of multisectoral and interministerial approaches at national level to allow the health sector to be involved in issues related to drug demand and harm reduction. The countries also committed themselves to intensifying their action in STD control as an essential strategic component of limiting the spread of HIV, and requested more support to increase access to antiretroviral therapy at country level.

Based on the regional discussions, the countries have integrated strategies and activities of the Regional strategic plan in their plans of work for 2002–2005. In addition to the technical support joint programme review and planning mission exercise, and in line with the regional strategic plan, the Regional Office has intensified its support as follows.

- The Horn of Africa Initiative will hold a cross-border coordination meeting on HIV/AIDS and tuberculosis involving three countries: Djibouti, Ethiopia and Somalia. The coordination meeting is intended to help country officers to share experiences, establish close links, identify strategies and develop a joint plan for future collaboration on prevention and control of HIV/AIDS and tuberculosis at cross-border level, and also to support the nationals to formulate a project proposal for the subregion.

- With regard to accelerating access to antiretroviral therapy, joint headquarters and EMRO missions assisted Lebanon and Egypt to develop their national strategies and plans for HIV care as well as the negotiation plan to obtain antiretroviral drugs at affordable prices from the pharmaceutical industry. Five more missions are planned for 2002–2003 for Djibouti, Jordan, Oman, Syrian Arab Republic and Sudan.

- A regional briefing of consultants was held in Cairo in early July 2002 in collaboration with headquarters and UNAIDS, to support countries to develop proposals to the Global Fund to fight AIDS, Tuberculosis and Malaria. A plan of action for country support to facilitate preparation of proposals to the Fund was outlined and implemented in order to meet the submission deadline in October 2002. Short-term consultants, including national consultants, have been fielded to selected countries in order to support them in developing proposals to the Fund.

- The Regional Office has introduced for the first time the subject of HIV/AIDS into the Small Grants Scheme. In the latest round, 25 research proposals were received from seven countries. Four proposals obtained grants in the areas of: sexually transmitted diseases, HIV knowledge, attitudes, beliefs and risk perception among health care workers in laboratories and haemodialysis units, and HIV and tuberculosis risk in injecting drug users.

- The international donor community has so far been slow to assist the countries of the Region and to assure appropriate funding, on the misleading basis that the Region is comparatively less affected than other regions. For the first time, the AIDS unit participated in the Regional Interagency Coordination Committee (RIACC) Meeting for Poliomyelitis, Expanded Programme on Immunization and Other Communicable Diseases, held in Cairo in June 2002, and attended by major partners in disease control

such as the Centers for Disease Control and Prevention (CDC), Rotary International, International Medical Centre of Japan (IMCJ), the World Bank, USAID and Italian Cooperation. The Regional Office, as well as representatives from the AIDS programmes in Egypt, Somalia and Sudan presented their programmes and the estimated budgetary needs to scale up their response to the situation.

- Collaborative efforts with the World Bank were promoted during the conference on Meeting the Public Health Challenges in the 21st Century in the Middle East North Africa/Eastern Mediterranean Region, held in 2002 in Beirut, Lebanon. The objective of the conference was to brief policy-makers, including ministers of health and of finance, on critical public health challenges including HIV/AIDS. The conference sessions and discussions on HIV/AIDS aimed to break the silence on the issue and to bring about dialogue in order to obtain stronger political commitment, to encourage more studies and research to improve quality of data, and to mobilize resources, especially in countries with low HIV prevalence, which applies to most countries of the Region.

- Integrated disease control is an important strategic initiative in the Region. A meeting on integrated communicable disease control activities in the Eastern Mediterranean Region was held in EMRO in February 2002. It reviewed the regional strategy on integrated communicable disease control, and formulated national plans of action in line with the regional strategy. Representatives of national programmes dealing with communicable disease surveillance and control in Pakistan, Sudan and Republic of Yemen discussed the different strategies for integration and the cross-cutting activities in different communicable disease programmes, including HIV/AIDS/STD. Participants concluded that integration would lead to better outcome of health plans and ensure optimum use of resources.

- The annual World AIDS Day Campaign was, as every year, one of the major activities of the AIDS Information Exchange Centre during 2001. The campaign had as its slogan 'I care...do you?'. The main principles were that it would be a regional campaign, concentrating on young people, and stressing the value of the family. It aimed to stimulate and maintain the commitment of individuals, especially men, to participate in the fight against HIV/AIDS through their roles in the family and the community. The campaign materials tackled different aspects of the HIV/AIDS epidemic: magnitude of the problem, preventive measures, role of family, care of people living with HIV/AIDS, modes of transmission, injecting drug use and importance of health education. At the country level, nearly all countries of the Region implemented advocacy activities for the World AIDS Day Campaign 2001.

- With regard to country programme review and support, programme evaluation and planning were supported in the Islamic Republic of Iran.

Specific plans for the biennium 2002–2003

The Regional Office plans to concentrate efforts on scaling up activities in the following areas during 2002–2003: HIV/AIDS/STD epidemiological surveillance; developing essential packages of health services to provide HIV/AIDS comprehensive care, including voluntary counselling and testing, prevention of mother-to-child transmission, infection control especially safe injection and blood safety, STD syndromic case management, and access to HIV care and antiretroviral therapy, drug abuse and HIV; operational research in support of scaling up the health sector response to HIV/AIDS/STD; negotiation for cost reduction of antiretroviral therapy; sustained public information and advocacy activities about HIV/AIDS/STD; Support to national strategic planning.

3. WORLD AIDS CAMPAIGN 2002

Dr Hany Ziady, Medical Officer, HIV/AIDS and Sexually Transmitted Diseases, WHO/EMRO

The World AIDS Campaign for 2002–2003 focuses on stigma and discrimination related to HIV/AIDS. Its slogan is "Live and let live". The slogan's challenge is to create a space for all people, with and without HIV, based on understanding, empathy, love, trust and hope. The goal of the campaign is to reduce and ultimately eliminate HIV/AIDS related stigma and discrimination wherever it occurs and in all forms. For the 2002 campaign, EMRO has prepared a campaign kit that includes posters, background documents and items to give away.

The background document includes definitions of stigma and discrimination. Stigma is a process of devaluation that significantly discredits an individual in the eyes of others, while discrimination is a process that occurs when a distinction is made about a person and results in the person being treated unfairly and unjustly. There are several reasons for focusing on stigma and discrimination. They form a clear violation of the human rights of people living with HIV/AIDS, and constitute the greatest barriers for responding effectively to the spreading epidemic.

Stigma facing people living with HIV/AIDS in the Region has two main reasons: cultural background, in which HIV/AIDS has been linked to behaviours and practices that contradict religious morals, societal values and cultural norms; and a lack of knowledge about HIV.

HIV/AIDS related stigma and discrimination occurs in the family, the community, the workplace, schools, and health care settings and is also evident in limiting mobility of people living with HIV/AIDS. The ideas for action to fight stigma and discrimination include: legislation to protect rights of people living with HIV/AIDS, human resources development, enabling active participation of people living with HIV/AIDS, fostering anti-discriminatory attitudes towards people living with HIV/AIDS, and empowering women.

4. PROPOSED ARAG PLAN OF ACTION 2002–2003

H.E. Mr Marwan Hamadeh, Chairman of ARAG, proposed the following plan of action to be implemented during the period September 2002 to April 2003.

- Raise HIV/AIDS awareness at all levels in the Region and mobilize the political decision-makers, religious leaders, academic and educational circles, the scientific community and the media. Considering the actual low prevalence of the disease in the Region, efforts would focus on changing the attitudes of all concerned in order to maintain low prevalence, consolidate the comparative advantage of the Region and work together towards achieving the goal of halting the epidemic without further delays.

  This would necessitate visits to the above-mentioned leaders to explain the situation of HIV in the Region, substantiated by documents, facts and figures, new ideas and eventually a new programme linked to a realistic agenda of implementation. The aim is to mobilize politics, religion, science and public opinion to serve our goal. To the religious leaders we propose to encourage public debates, including messages on the Fridays and Sundays sermons and provide the theological cover for any steps aiming at protecting the society without discrimination to the individual.

  In university and schools, there is need to enhance awareness. Efforts could focus on finding sponsors for printing books and leaflets, conducting seminars, etc. Opening the public debate is a top priority. A strong connection should be established with the media for campaigning, providing the media with the necessary material, and obtaining free talk show programmes documentaries, films, spots, meetings with editors-in-chief, university professors, etc.

- Take action targeting legislative bodies and justice, scientific or educational committees, encouraging them to adopt and enforce the necessary laws.

- Promote support for the national and regional programmes, both in terms of implementation and acceleration of the national and regional strategic plan. Their National AIDS Programme (NAP) yearly reports should be examined, and put under review every year; this could be done at the time of the annual NAP meeting. Eventually a suggestion for funding is essential.

  If the programmes are well packaged and messages are clear and consistent, focusing on preventive methods and risk behaviours, it should not be difficult to find the appropriate funding. Organizations like the Islamic Fund, the Arab Fund, the Gulf Cooperation Council, the Arab League, and the private funds and eventually the major banks (all over the Arab and the Islamic world) should be addressed to finance EMRO in its drive to obtain sustainable commitment and efficient action. Other sponsors could also be approached, such as oil companies, pharmaceutical firms, non-profit organizations and groups to finance specific programmes, thus expanding the resources available to face the HIV epidemic in the Region. A comprehensive list obtained from

respective WRs of private foundations and a listing established of regional funding organizations, private and regional banks and multinational firms seeking a better image through health programmes (Coca Cola and Pepsi Cola companies, McDonald's, car industry, airlines, etc). The funding should be extended to match the gravity of the problem, reduce stigma and discrimination and eventually provide the necessary drugs. In this field support could be obtained from the World Bank, regional funds or banks.

- Create a website for ARAG, thus contributing to the dissemination of information and promoting better awareness. Members of ARAG together with EMRO's executive body should establish more frequent and fluent communication and should not limit the exchange of views only to the periodic group meetings.

- Establish scientific subcommittee to review, together with EMRO staff, national AIDS programmes, evaluate the results, raise critical issues where applicable, determine the support necessary for better implementation and seek to integrate the action of NAPs on the national level into the broader regional approach currently being advocated.

- Carry out studies after the preliminary contacts with decision-makers about the possibility to coordinate public and private efforts and investments to produce low cost medicines where possible in some countries, thus putting care within reach of infected populations in Horn of Africa countries and other special groups. Central to the success of all efforts is to facilitate access to care to those who need it most. Efforts should be guided to identify those who are already infected and to bring them into effective education, care and services. This will prevent spreading the infection to others. There is clear scientific evidence that the new ARV medications can prolong the lives of people living with HIV/AIDS and reduce costly hospitalizations. No one should be denied access to these medications.

- Propose better distribution of already available material to schools and universities. Reference is made to the books and brochures prepared by UNESCO and WHO for students, professors and policy planners (copy distributed to ARAG members). The authors of this material have already taken into consideration the cultural and the religious environment in the Region.

- Establish an agenda for work in the current meeting, determining the nature of each action, proposed dates of implementation and responsibilities among the ARAG members. Each member could attempt, tries in addition to EMRO's efforts, to obtain support from his respective country and other contacts. In order to facilitate this effort, the activities could be decentralized into a matrix (Annex 3).

5. SUMMARY OF DISCUSSIONS

- All ARAG members observed that leadership of the national programmes appears to be unsatisfactory. Good leadership is crucial in getting a political commitment as well as in

overcoming the funding difficulties. Hence there is a need to have an effective national programme manager at the country level

- The ARAG members observed that the integration of different components of HIV/AIDS activities, such as infection control in infecting drug use, is unsatisfactory. The members strongly reaffirm the importance of integration that would lead to better outcome of health plans and ensure optimum use of resources.

- All ARAG members felt a **great sense of urgency about the epidemic** in the Region, as the estimates of new HIV infections have more than tripled in the last 2 years. It is clear that even with incomplete data, the HIV epidemic in the countries of the Region is no longer in quiescent stage but has reached the pre-epidemic stage, and in few countries it has already reached epidemic dimensions. The rise in HIV in the Region will increase the spread, even if the same level of risky behaviour is maintained. Therefore, it is urgent to deliver a frank and open message. There is also urgency to face behavioural issues more openly and address HIV in a comprehensive way.

- All members agreed that HIV/AIDS commitment in the Region does not match the seriousness of the epidemic. Although multisectoral national AIDS committees are in place in most countries, these committees are not fully functioning. **High-level political commitment** needs to be obtained or reactivated in order to ensure the success of HIV interventions. Thus, it is critical to mobilize high-level political decision-makers, religious leaders, the health, educational, cultural and academic sectors, the scientific community and the media. ARAG members are best placed to help raise HIV/AIDS awareness and to act as catalysts to bring about change in the attitudes of the leaders in the Region and achieve the goals of halting the epidemic without further delays. In order to empower national AIDS programme managers, ARAG members should attempt to involve them whenever possible. NAP managers should be able to make use of the ARAG capacity to assist them in their advocacy efforts towards decision-makers.

- Opening the **public debate** is a major priority. The media should be involved in strong campaigning against HIV. **Religious leaders** should encourage the public, including messages in the Friday and Sunday sermons, and provide the theological background and support for steps aiming at protecting society without discrimination to the individual. Countries of the Region should be more involved in **international debate** and should be better represented in international conferences related to HIV. All venues to facilitate **interregional exchange** on specific innovative issues should be explored, such as for harm reduction and addressing high-risk groups.

- All members agreed that it is due time to address issues related to **condoms** in the Region and to give appropriate guidance to Member States. Experiences in discreet and effective condom promotion from the Region could be identified and shared. Targeting intervention is also very important for the success of condom promotion and use. Condoms are a necessary tool for the protection of the health of groups at risk and should be presented as a choice for protecting health. Demand for condoms may increase with promotion, and issues of local production and availability need to be

addressed seriously. Potential manufacturers and distributors should be encouraged to undertake feasibility studies in the Region and examine ways of social marketing.

- Prevention remains the cornerstone in the fight against AIDS. EMRO is urged to develop appropriate prevention packages dealing with essential elements such as health education, infection control and blood safety, reducing harm of substance abuse, STD prevention and care. Enhancing proper **sexual education** programmes and addressing youth increase the adoption of protective behaviour. Sexual education is very important and should be promoted through proper channels such as school health education and religious education. An important school education initiative (Action Oriented School Health Curriculum; UNESCO/WHO package) had started in the Region and can be revised and introduced. Interpersonal communication strategies need to be developed along with the condom promotion action.

- The members observed that a specific pattern of transmission of HIV/AIDS has developed in the Region which is characterized by increasing sexual transmission, side by side with transmission in association with substance abuse and particularly injecting drug use, in the general population and special groups such as prisoners. There is need to address these issues vigorously, in proportion to the in threat, with innovative approaches such as harm reduction.

- Prevention and care are in continuum. Central to the success of all preventive efforts is to facilitate **access to care** to those who need it most. Efforts should be directed towards identifying those who are already infected in order to bring them into effective education and care services. This will prevent further spread of the infection. There is clear scientific evidence that the new ARV medications can prolong the lives of people living with HIV/AIDS and reduce costly hospitalizations. No one should be denied access to appropriate hospitalization and outpatient care, or to ARV drugs and opportunistic infection treatment, and HIV should be considered a treatable disease comparable to other chronic diseases; this should be the message to decision-makers, the public and the medical professionals. Access to ARV therpy remains an issue in the Region. Only a few countries have succeeded in cost negotiations with pharmaceutical companies. In addition to cost negotiations, a whole range of options should be explored for the Region including local production of generic drugs and bulk purchase. Regarding the issue of local drug production, factors relating to both quality and quantity need to be taken into consideration. Financial and tax incentives could be adopted to favour the pioneering importers and industrials.

- The group recognizes the necessity of addressing **stigma and discrimination** in the Region and commented on the draft Regional background paper for the WAC 2002. Issues related to cross-border mobility of PLWA should be discussed at international forums. In the next WAC, there is need to target institutions as a priority. Discrimination in the health care setting can be reduced by providing HIV/AIDS education to health care professionals.

- Appropriate funding should be sought and found for well packaged programmes focusing on preventive methods and risk behaviours. Organizations such as the Islamic Development Bank, the Arab Fund, Cooperation Council, Arab League, and private funds and major banks (throughout the Arab and Islamic world) should be contacted. Other sponsors could be approached such as oil companies, OPEC, pharmaceutical firms, non-profit organizations to finance specific programmes, thus expanding the resources available to face the HIV epidemic in the Region.

- Special effort and priority should be given to the countries in complex emergency situations in the Horn of Africa, including Sudan. There is need for EMRO to strengthen its capacity in supporting the implementation of its strategic target for the Horn of Africa within the Regional plan. Collaborative efforts between EMRO and AFRO should be made to set plans to address HIV situation in cross-border issues.

6. RECOMMENDATIONS

1. EMRO should address the health authorities in the Region to explain the seriousness of the epidemic and the need for more transparent public messages about the situation and should request the health authorities to reactivate the multisectoral national AIDS committees. The results of ARAG deliberations should be brought to the attention of country delegations during the Regional Committee.

2. ARAG members should, in coordination with EMRO, organize visits to selected leaders in the Region to emphasize the seriousness of the epidemic, substantiated by documents, figures, and new ideas and should explore ways for the active and public participation of such leaders. World AIDS Campaign (WAC) is a suitable venue for participation by national leaders.

3. EMRO should revitalize the discussions on HIV prevention and care among religious leaders and encourage them to be actively involved in related advocacy messages during WAC and other activities.

4. EMRO should initiate, as soon possible, a review of available information regarding condom availability, use and associated knowledge, attitude, belief and practice as well as youth sexual and risk-taking behaviour. The report of the study should be reviewed by ARAG and the RCC for further policy decisions about condom promotion and use in the Region.

5. A web page for ARAG should be created, thus contributing to dissemination of information and promoting better awareness. Members of ARAG together with EMRO staff should establish more frequent and fluent communication not limiting the exchange of views to periodic group meetings.

6. A technical subcommittee should be created to review the progress of national AIDS programmes, evaluate results, raise critical technical issues and seek to integrate the activities of NAPs into a broader regional approach.

7. EMRO should encourage countries to exchange experiences and participate more actively and effectively in international conferences. The Government of Kuwait should be encouraged to revive the Kuwait International AIDS Conference.

8. EMRO should to outline the regional strategy for access to HIV care including the options for the Region to ensure access to ARV, including generic drug production in the Region.

9. ARAG should explore mechanisms by which civil society, including regional and national nongovernment organizations, could enhance contributions to the fight against AIDS.

10. With the assistance of WHO ARAG members should make an inventory of private foundations and establish a listing of Regional funding organizations, private and Regional banks, multinational and large Regional companies, including advertising companies. ARAG members should contact these sources about funding HIV projects in the Region and supporting regional HIV/AIDS activities.

11. The newly formed Regional Advisory Panel on the Impact of Drug Abuse should address the issues of sexual behaviour among drug users, injecting drug use and reducing harm as major priority areas.

12. EMRO should reactivate the AIDS Information, Education and Communication and the ARAG should assist in finding appropriate funding.

13. National health authorities should give special attention to prisoner health care in collaboration with the security and justice authorities.

14. ARAG should act as an advocacy group whenever necessary, with the task of informing leaders, policy-makers and public opinion.

Annex 1

PROGRAMME

Tuesday, 10 September 2002

8:30–9.00	Registration
9:00–9:30	Opening session Remarks by H.E. Mr Marwan Hamadeh, ARAG Chairman Remarks by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean Introduction of participants Objectives and expected outcomes of the meeting/*Mr M.Hamadeh*
9:00–10:00	HIV/AIDS/STD Regional update, and status of implementation of the regional strategy/*Dr J.Tawilah*
10:00–10:15	World AIDS Campaign 2002/*Dr H.Ziady*
10:15–11:30	Discussions and clarifications about the situations
11:00–11.30	Presentation of ARAG working paper/*Mr M.Hamadeh*
11:30–14:00	Directed discussion on ARAG work-plan to support acceleration of the regional strategic plan implementation, and monitoring its progress Support to countries Support to regional programme Global and regional advocacy
14:00–15:30	Continued discussions

Wednesday, 11 September 2002

9:00–11:00	Finalizing ARAG working paper and work plan
11:00–12:30	Final statement of ARAG Closing session

Annex 2

LIST OF PARTICIPANTS

Members of HIV/AIDS and STD Regional Advisory Group (ARAG)

H.E. Mr Marwan Hamadeh, Minister for Displaced People, Member of Parliament, and Member of the UNESCO International Committee on Ethics, Lebanon (Chairman)

H.E. Mr Ejaz Rahim, Secretary of Health, Federal Ministry of Health, Pakistan

Dr Abdallah Sid Ahmed Osman, UnderSecretary for Health, Federal Ministry of Health, Sudan

Dr Mohammad Mehdi Gouya, Director of Disease Control, Ministry of Health and Medical Education, Islamic Republic of Iran

Dr Jaouad Mahjour, Director of Epidemiology and Disease Control, Ministry of Health, Morocco

Dr Amal Ben Said, Manager of the National AIDS Programme, Ministry of Public Health, Tunisia.

Dr Jacques Mokhbat, Infectious Disease Specialist, Lebanese University; member of the Lebanon National AIDS Committee and founder of the Lebanese AIDS Society, Lebanon.

Dr Salah Al Awaidy, Director of Department of Surveillance and Disease Control, Ministry of Health, Oman

WHO SECRETARIAT

Dr Hussein A. Gezairy, Regional Director, WHO/EMRO
Dr M. Haytham Al Khayat, Senior Policy Adviser to the Regional Director, WHO/EMRO
Dr Mohamed A. Jama, Deputy Regional Director, WHO/EMRO
Dr Zuhair Hallaj, Director, Communicable Disease Control, WHO/EMRO
Dr Ahmad Mohit, Regional Adviser, Mental Health, WHO/EMRO
Dr Jihane Tawilah, Regional Adviser, AIDS and Sexually Transmitted Disease, WHO/EMRO
Dr Hany Ziady, STP, AIDS and Sexually Transmitted Disease, WHO/EMRO
Dr Inaba Keiko, Medical Officer, AIDS and Sexually Transmitted Disease, WHO/EMRO
Mrs Hala Korayem, WHO/EMRO

Annex 3

ARAG PLAN OF ACTION

Areas of work	Actions	How	By whom	When
Political commitment	Enhance advocacy towards political leaders and mobilize them for public declarations and participation	Visits, direct contacts, correspondence and all forms of communication	RD and ARAG members	Immediate and continuous action
Religious leaders involvement	Obtain declaration and participation in public debates, enhance introduction of HIV in sermons	Visits to Heads of religions. Special session at regional meetings	RD and ARAG members	Immediate and continuous action
Media participation	Reintroduce HIV/AIDS a national issue and a major subject in programmes debates and advertisement	Approach owners and producers of top programmes and advertising agencies Develop messages for the media and media files and materials	ARAG	
Funding and sponsors/regional public–private sector	Address relevant organization and companies	Direct contacts	ARAG	
Access to care including drug production	Study options, develop the strategy and relevant packages		EMRO and the technical subcommittee	
HIV in school health	Action-oriented school curricula revitalized and disseminate the WHO/UNESCO modules		EMRO	

International representation	Kuwait International AIDS Conference International conferences	Dr Gezairy to address the Kuwait delegation in the RC; Mr Hamadeh to talk to the Kuwait Fund Ensure active and effective Participation from the countries.		
Prison health	Increase awareness on the issue of prison health	Correspondence and contacts regarding the importance of prison health with concerned governmental authorities and the need for coordination between health and judiciary authorities	ARAG and EMRO	
Community mobilization, NGOs, associations of scouts and Red Crescent	Regional inventory of the NGO's working in the field Involve NGOs in major AIDS Regional meetings and ensure their involvement in National Committees	Ensure dissemination of information to NGOs Major regional NGOs to be targeted by advocacy action of ARAG and to be involved in programmatic meetings and major events	ARAG and EMRO NAP managers	