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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

The WHO European Region is at a critical point with regard to HIV. While new infections are decreasing globally, new diagnoses increased by 76% in the European Region, and more than doubled in countries of eastern Europe and central Asia between 2005 and 2014. In many countries in the Region, up to half of all people living with HIV are unaware of their status 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.

This Action plan is a continuation of the European Action Plan for HIV/AIDS 2012–2015. The 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 for HIV for the period 2016–2021, and Health 2020, the 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.

The Action plan advocates an urgent and accelerated people-centred response to HIV by the health sector. 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 promotes comprehensive, combination prevention and a “treat all” approach, and asks Member States to define and deliver an essential package of HIV services that are people-centred, accessible and integrated and focus particularly on key populations in a manner appropriate to the local context.

The 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.

After consideration and guidance from the Twenty-third Standing Committee of the Regional Committee, the Action plan was finalized. This working document summarizes the Action plan and is submitted with a draft resolution (EUR/RC66/Conf.Doc./5) for consideration by the 66th session of the Regional Committee for Europe. The full Action plan is available as a background document.

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Introduction

1. The WHO European Region is at a critical point with regard to HIV. While new infections are decreasing globally, they increased by 76% in the WHO European Region as a whole and more than doubled in eastern Europe and central Asia (EECA) between 2005 and 2014 (1).

2. The HIV epidemic remains concentrated in key populations at higher risk,¹ with variations across the Region. HIV transmission linked to heterosexual sex is the main reported mode in EECA. Emerging evidence suggests a considerable proportion of men reported as heterosexually infected may be men who have sex with men (MSM) or people who inject drugs (PWID) (4). Transmission through injecting drug use remains low in western and central Europe and is declining in most countries in the eastern part of the Region. Nevertheless, injecting drug use accounts for almost half of all new HIV cases with a known mode of transmission in EECA. HIV transmission through sex between men is increasing across the entire Region and accounts for the largest number of new diagnoses in the western and central parts. The average HIV prevalence among sex workers continues to be low, remaining stable below 2–3% in the Region in 2011–2014 (5). Migrants² represented 31% of people newly diagnosed with HIV in the Region in 2014: 22% non-European migrants and 9% European migrants. New diagnoses decreased by 41% among the non-European migrants, but increased by 48% among the European migrants between 2005 and 2014 (1).

3. Tackling the HIV epidemic in the European Region faces a number of challenges. In some countries up to 50% of people living with HIV (PLHIV) are unaware of their status, and among those who are aware nearly half are diagnosed at a late stage of infection. AIDS cases and related deaths are increasing in eastern Europe, but decreasing in the west. The burden of coinfections among PLHIV, particularly with tuberculosis and viral hepatitis, remains high. Many of those coinfecting are also drug dependent and experience additional comorbidities and social issues. This presents a challenge to the provision of health and social services to this key population.

4. Mother-to-child transmission (MTCT) of HIV and congenital syphilis is low due to the Region's high coverage of preventive interventions, although it remains a regional priority. As of June 2016, three countries had successfully validated their elimination of MTCT of HIV and/or congenital syphilis based on WHO global and regional validation criteria (6), with many more countries preparing for validation.

5. There has been some success in increasing the number of people in the Region who receive life-saving antiretroviral therapy (ART). The overall number rose to about 1 million, but the most significant increase (187%) occurred in EECA: from 112 100 in

¹ In line with the Joint United Nations Programme on HIV/AIDS (UNAIDS) strategy and the WHO global health sector strategy on HIV for the period 2016–2021 (2,3), key populations at higher risk (referred hereafter as key populations) are defined as the groups of people who are 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, people who inject drugs, men who have sex with men, transgender people, sex workers, prisoners and migrants. The sexual partners of people in these groups are also considered key populations.

² Migrants are defined as people originating from outside the reporting country.

2010 to 321 800 in 2015. Despite these efforts, only 21% of estimated PLHIV³ in EECA were receiving treatment in 2015, far below the global average of 46%. Low ART coverage also impedes the full realization of the benefits of “treatment as prevention” at the population level.

6. The HIV epidemic in the European Region is moving faster than the programmes established to address it, and an urgent and accelerated health systems response is required.

7. Innovative responses, with a strong focus on comprehensive, combination prevention⁴ (2) and a “treat all” approach, are critical to decrease the rate of newly diagnosed infections and increase the number of people receiving HIV treatment and care. These responses will 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 critical to 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 Sustainable Development Goals (SDGs) and the Joint United Nations Programme on UNAIDS’ 90–90–90 targets (8).⁵ Investment today to address HIV will save resources and lives in the future.

Purpose

8. This Action plan advocates an urgent and 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 learned from the European Action Plan for HIV/AIDS 2012–2015 (9) 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. It 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 HIV services that are people centred, accessible and integrated and focus particularly on key populations in a manner appropriate to the local context.

³ This estimate includes diagnosed and undiagnosed PLHIV, regardless of CD4 cell count.

⁴ In line with the UNAIDS strategy (2) and terminology guidelines (7), combination HIV prevention seeks to achieve maximum impact on 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.

⁵ The global 90–90–90 targets are: 90% of PLHIV know their HIV status; 90% of people diagnosed with HIV receive ART; 90% of PLHIV on ART achieve sustained viral suppression (8).

Framework and guiding principles

9. The Action plan is based on three organizing frameworks: universal health coverage; the continuum of HIV services; and the promotion of a public health approach. It proposes that countries address their HIV-related priorities by applying scientific evidence and technical knowledge; meaningfully involving civil society, most importantly PLHIV; and ensuring human rights, gender equality, equity and freedom from discrimination. It suggests the adoption of a whole-of-government approach using a multisectoral partnership model.

Development

10. In 2015, the Global health sector strategy on HIV/AIDS 2011–2015 (10) and its regional implementation plan, the European Action Plan for HIV/AIDS 2012–2015 (9), came to a close. To build on the momentum generated by this work, WHO and its partners developed ambitious global strategies with a 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 (11), the multisectoral UNAIDS Strategy: On the Fast-Track to end AIDS 2016–2021 (2), WHO's Global health sector strategies for HIV and sexually transmitted infections (STIs) for the period 2016–2021 (3,12) and the United Nations General Assembly Political Declaration on HIV and AIDS (13).

11. Member States requested the development of the Action plan for the health sector response to HIV in the WHO European Region at a regional consultation for the global health sector strategies on HIV, viral hepatitis and STIs, held in Copenhagen, Denmark, in June 2015.

12. This Action plan is intended to adapt the Global health sector strategy on HIV (3) to the epidemiological, social and political contexts of the countries in the European Region, for its better implementation.

13. The Plan is aligned with Health 2020, the European policy framework to improve health and well-being and to reduce health inequalities among people in the Region (14), the Tuberculosis Action Plan for the WHO European Region 2016–2020 (15), the European Action Plan for Strengthening Public Health Capacities and Services (16), and the European Child and Adolescent Health Strategy 2015–2020 (17). 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 (document EUR/RC66/10), the Action plan for sexual and reproductive health: towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind (document EUR/RC66/13), the Strategy on women's health and well-being in the WHO European Region (document EUR/RC66/14), and the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region (document EUR/RC66/11).

14. The 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 opened to the general public.

15. This working document provides a summary of the Action plan's vision, goal and targets, strategic directions, fast-track actions, and monitoring and evaluation framework. The full Action plan is available as a background document.

Vision, goal and targets

16. The vision⁶ 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.

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

18. Ambitious targets for 2020 towards achieving the overall vision and reaching the goal by 2030 are presented below.

19. Some of these targets are expressed as percentages, but low-prevalence countries may wish to adopt numerical targets as appropriate to their local contexts.

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.
- 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.⁷
- Ninety per cent of PLHIV who are on ART achieve viral load suppression.⁸

AIDS-related deaths

- Reduce AIDS-related deaths below 30 000 (contributing towards reducing global AIDS-related deaths below 500 000).

⁶ Aligned with the WHO Global health sector strategy on HIV 2016–2021 (3), the UNAIDS strategy 2016–2021 (2) and the SDGs (11).

⁷ This translates into a target of 81% of PLHIV receiving ART.

⁸ This translates into a target of 73% of PLHIV achieving viral suppression.

- Reduce tuberculosis deaths among PLHIV by 75% (or an appropriate numerical target for low-prevalence countries).
- 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%.

20. 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, and should be based on the best available data, and 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

21. 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 to align the health sector's response with other regional and global strategies, plans and targets for health and development.

22. The five strategic directions are:

- **information for focused action** (know your epidemic and response – the who and where);
- **interventions for impact** (defining an essential package of interventions – the what);
- **delivering for equity** (identifying the best approaches for delivering services, ensuring equity and quality – the how);
- **financing for sustainability** (identifying sustainable and innovative models for financing HIV responses – the financing);
- **innovation for acceleration** (addressing gaps that require innovative approaches – the future).

23. Under each strategic direction, fast-track actions are specified for Member States, WHO and partners. These are based on the UNAIDS fast-track approach (2): 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). They are intended

to guide countries' efforts, with Member States selecting and implementing the actions that are most appropriate to their HIV epidemics and national contexts.⁹

Strategic direction 1. Information for focused action

Know your HIV epidemic and response to implement a tailored response

24. Strategic direction 1 focuses on the need to generate and use high-quality strategic information about the HIV epidemic and response as a basis for focused national strategic planning, urgent and accelerated programme implementation, and advocacy to garner political commitment.

25. Strategic information is critical to strengthening and, where necessary, transforming national and subnational structures and processes to ensure coordination across different stakeholders and the 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 greater numbers of people in need.

26. High-quality strategic information on HIV, including epidemiological trends and data on the local context and national response, should form the basis for updating national HIV strategies and plans to achieve goals and targets for 2020 and beyond. Progress towards achieving national targets should be monitored through a set of standardized and measurable indicators (18).¹⁰ 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 health systems' organization and capacity.

Fast-track actions to achieve the 2020 targets

27. Member States should take the following actions:

- collect and analyse timely and 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 – disaggregated by sex, age, population, location and other characteristics – to evaluate health systems' performance along the continuum of HIV services (including the cascade of care) and evaluate impact to guide more focused HIV services and investments;
- set national targets and milestones, review and update national HIV strategies and develop costed work plans;

⁹ The full version of the Action plan for the health sector response to HIV in the WHO European Region also includes additional supporting actions for the fast-track response.

¹⁰ WHO recommends a series of prioritized indicators for Member States' monitoring and evaluation frameworks, which are available in the *Consolidated strategic information guidelines on the health sector response to HIV (18)*.

- link and integrate HIV strategic information systems with broader health information systems, including those focusing on coinfections and other comorbidities (particularly tuberculosis, viral hepatitis and STIs), and expand the cross-border sharing of information to ensure service continuity for migrants and other mobile populations; and
 - strengthen the coordination of national HIV responses and ensure multisectoral action, strong collaboration and the involvement of civil society, particularly PLHIV and other relevant stakeholders.
28. 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 goal by 2030;
 - support implementation of WHO and UNAIDS guidelines and tools related to HIV strategic information and joint European Centre for Disease Prevention and Control (ECDC)/WHO surveillance protocols to strengthen national HIV strategic information systems;
 - collect, analyse and disseminate regional strategic information about the HIV epidemic and health systems' response 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

All people should receive the full range of HIV services they need

29. Strategic direction 2 describes high-impact, evidence-based interventions across the continuum of HIV services, including the cascade of care and ranging from comprehensive, combination prevention to 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.
30. This strategic direction urges Member States to define and implement an essential and comprehensive package of prevention, testing, treatment and care interventions contextualized to the local epidemic, resources and capacity. This package should be developed with the involvement of NGOs, civil society and PLHIV, as evidence has repeatedly shown that such initiatives are most effective when designed with those who will access them. The essential package of HIV interventions should be included in the national health benefit package, with no out-of-pocket expenses, to ensure affordability for PLHIV and the overall sustainability of the HIV response.
31. Service uptake at the scale vital 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 to 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

32. Member States should provide affordable, accessible, high-quality services across the continuum of HIV services (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 and comprehensive package of HIV interventions to be integrated into the national health benefits package. It should be based on the local context and the available capacity and resources.

33. To optimize prevention, countries should:

- prioritize evidence-based comprehensive HIV combination prevention with particular focus on transmission in key populations, with the inclusion of novel approaches such as pre-exposure prophylaxis for populations at substantial risk of HIV acquisition, and more traditional harm-reduction initiatives, including drug-dependence treatment, condom and lubricant programming, sexuality education and behavioural 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.

34. To expand targeted HIV testing, countries 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 through an expanded range of approaches as appropriate to the national context – including testing initiated by health care providers (for example, in response to the symptoms of acute retroviral syndrome), testing of key populations through community and outreach services and lay service providers, testing in closed settings and self-testing – and simplify the strategy for HIV diagnosis to ensure timely enrolment in treatment and care.

35. To expand HIV treatment and care, countries 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, tuberculosis, hepatitis C and drug dependence; 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.

36. WHO and its partners will take the following actions:
- provide regular updates on innovative, evidence-based guidelines and tools for effective comprehensive, combination prevention; testing; delivery of ART; and management of major comorbidities, including STIs;
 - support countries to implement national HIV testing strategies, standardize ART regimes 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 strengthen their capacity to monitor progress in dual elimination and elimination validation; and
 - provide guidance and support to countries to prevent and monitor resistance to HIV drug and optimize treatment approaches.

Strategic direction 3. Delivering for equity

All people should receive the services they need, which are of sufficient quality to have an impact

37. Strategic direction 3 responds to the need for an enabling environment and the optimization of service delivery, using a public health approach and within the context of universal health coverage. HIV interventions and the health and community systems that provide them should be grounded in the principles of equity and human rights. The continuum of HIV services (including the cascade of care) should be people centred, integrated, accessible, equitable, community based and of high quality, to ensure that no one is left behind.

38. This strategic direction also encourages countries to develop their HIV interventions, including the essential package of services for PLHIV, in line with the differentiated care framework (19), that is, the delivery of different HIV care packages for PLHIV in response to their individual needs.

Fast-track actions to achieve the 2020 targets

39. Member States should take the following actions:
- ensure the implementation of an essential package of interventions that is equitable and accessible, and employs differentiated care;
 - ensure people-centred, integrated care by linking HIV with other health services, particularly in the context of the prevention, diagnosis and treatment of coinfections and other comorbidities, focusing on tuberculosis, viral hepatitis, STIs, drug dependence, and sexual and reproductive health;
 - define and implement HIV interventions for key populations that are tailored to the local context, capacity and resources, including, where applicable, migrants and mobile populations; and ensure that services are relevant, acceptable and accessible and provided in an environment that protects the human rights of PLHIV;

- 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 anticipated demand for health professionals, and develop the capacity of the health workforce by defining core competencies for different roles in the provision of comprehensive HIV services.
40. 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 such models for key populations and specific settings;
 - support Member States to build the health workforce's capacity to optimize HIV services, ensuring that such services are people centred, accessible, integrated, community based and focused on the continuum of HIV care along 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 the engagement of civil society, including PLHIV.

Strategic direction 4. Financing for sustainability

All people should receive the services they need without experiencing financial hardship

41. Strategic direction 4 identifies the need for sustainable and innovative models of financing for the HIV response and for approaches to reducing costs, as well as 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.

42. To meet the targets outlined in this Action plan, efficiencies and maximized results can be achieved through a focus on a number of key areas. The potential for efficiency lies in health services delivery; better integrated services, improved programme management, and the reorganization of the health workforce and its professional scope of practice should be aligned with strategic financial incentives. A focus on the 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. Given the exit of international donors, increased domestic funding for national HIV programmes will be another critical focus for the European Region.

Fast-track actions to achieve the 2020 targets

43. 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 (8);

- provide protection 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 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, including the consideration of using the WHO prequalification processes, aiming for sustainable cost reductions and strengthened national management of procurement and supply.
44. Member States reliant on external funding sources should develop plans to make the transition to domestic funding of HIV services, with a particular focus on protecting the essential package of HIV interventions most reliant on external funding, to avoid service interruption.
45. WHO and its partners will take the following actions:
- build strategic partnerships for the sustainable financing of the HIV response and encourage innovative financing models and new funding opportunities;
 - support countries to develop national cases for HIV investment and plans for financial transition in order 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

Change the course of the response to achieve ambitious targets

46. Strategic direction 5 identifies areas where there are major gaps in knowledge and technology and 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 yet achievable targets set in this Action plan require new thinking, technology, partnerships and models of collaboration, and approaches to service delivery. Innovation in the European Region should look beyond the biomedical to include innovations related to communication, behaviour change, service delivery and economic modelling.
47. A particular focus should be given to the development of innovative service delivery models that effectively reach key populations with HIV prevention services and engage and retain them in the entire continuum of care. Services required by key populations, including treatment of drug dependence, that are underdeveloped should be prioritized throughout the Region.

Fast-track actions to achieve the 2020 targets

48. 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 the sharing of 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 highlighted for a focus on innovation, 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, tuberculosis, viral hepatitis, drug dependence, reproductive health and STIs, using innovative approaches that are designed in consultation with civil society, most importantly PLHIV.

49. 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, in order 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.

Implementation: partnerships, monitoring and evaluation

50. 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.

51. In addition to working with the ministries of health of Member States, the WHO Regional Office for Europe will work closely with other key stakeholders and partners,

including UNAIDS, its cosponsors and other partner United Nations agencies, 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 and other multilateral donors and development agencies, WHO collaborating centres, research institutions, national institutes of excellence, civil society (including PLHIV) and other partners and technical experts.

Monitoring and evaluation

52. Existing mechanisms will be used to monitor the implementation of the Action plan, meaning no additional reporting by Member States will be required. This will take place through the joint UNAIDS/WHO/UNICEF Global AIDS Response Progress Reporting (GARPR) (20) and the joint ECDC/WHO surveillance of HIV in Europe. In addition, the Regional Office will work with partners, including ECDC¹¹ and EMCDDA, and monitoring processes will be used in the best possible way to support monitoring of the implementation of this Action plan.

53. 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 (20,21), including 10 to monitor the regional implementation of this Plan, which are organized along the continuum of HIV services, including the cascade of care (see Annex). They comprise the minimum requirements for national and regional monitoring and reporting on the progress of health systems' response to HIV. GARPR also includes additional indicators: the WHO questionnaire on national policies and practices, which monitors countries' uptake of WHO guidelines on HIV, and the UNAIDS National Commitments and Policies Instrument (NCPI), which measures progress in implementing policy, legal and structural measures to enhance the HIV response.¹²

54. Progress at the global and regional levels in moving towards the targets set out in this Action plan and the new Global health sector strategy (3) will be regularly assessed. An annual report on the global health sector response to HIV will be made to the World Health Assembly, and reports on the implementation of this Action plan will be made to the 69th and 72nd sessions of the Regional Committee for Europe, in 2019 and 2022, respectively.

Conclusion

55. Continuing the momentum generated by the 2030 Agenda for Sustainable Development (11), the global strategies to end the AIDS epidemic by 2030 (2,3,12), and building on the lessons learned from the European Action Plan for HIV/AIDS 2012–2015 (9), this Action plan calls for accelerated, urgent and fast-tracked actions by all

¹¹ ECDC currently monitors the implementation of the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia.

¹² NCPI is currently under review but will again be included in GARPR in 2017, as it was in 2010, 2012 and 2014.

stakeholders in the WHO European Region to stop the increasing rate of new HIV infections.

56. With political leadership and strong partnerships with PLHIV and civil society, the public and the private sectors within and beyond the health sector, this Action plan provides the framework for the next phase of the HIV response and proposes the fast-track actions required to achieve the goal and targets for the European Region.

57. After consideration and guidance from the Twenty-third Standing Committee of the Regional Committee for Europe, the Action plan has been finalized and is accompanied by a draft resolution for consideration by the 66th session of the Regional Committee for Europe. The full Action plan for the health sector response to HIV in the WHO European Region is available as a background document.

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

No	Results 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	(a) for sex workers, % reporting condom use with most recent client (b) for men who have sex with men, % reporting condom use at last anal sex with a male partner (c) 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
11	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 congenital syphilis and HIV MTCT cases 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 laws, regulations or policies presenting obstacles to an efficient HIV response (according to the NCPI)*

Note: The shaded indicators (1–10) refer to the 10 global indicators recommended by WHO for global reporting (Consolidated strategic information guidelines for HIV in the health sector. Geneva: World Health Organization; 2015 (<http://who.int/hiv/pub/guidelines/strategic-information-guidelines/en/>)).

ART: antiretroviral therapy; MTCT: mother-to-child transmission; NCPI: National Commitments and Policies Instrument; PLHIV: people living with HIV

*The NCPI is being revised but expected to be included in the 2017 round of Global AIDS Response Progress Reporting (GARPR), as it was in 2010, 2012 and 2014.