Regional dissemination workshop on Guidelines for HIV and Hepatitis B & C

New Delhi, India, 09 - 11 May 2018
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1. Introduction

Countries across the globe have committed themselves to achieve Sustainable Development Goals (SDGs). The SDG goal 3, specifically target 3.3 pertains to “end the epidemic of AIDS” and combating Hepatitis by 2030. To achieve this we need to fast track our response to HIV and scale up preventive and treatment interventions so as to reach 90:90:90 targets for HIV by 2020 and end stigma and discrimination related to HIV. Similar targets for hepatitis have been set to achieve 30% reduction in new infection of hepatitis B and C and 10% reduction in hepatitis deaths by 2020 while increasing access to diagnosis and treatment.

Recently WHO released a number of new guidelines on HIV self-testing, partner notifications, managing advanced HIV disease, PrEP, differentiated care, optimization of ART regimen and person centred patient monitoring guidelines. These guidelines and advances in prevention and treatment need to be used in a strategic way to advance the response to the KP-driven epidemics in the Region. The guidelines on hepatitis B and C are also under revision and countries are developing their own hepatitis guidelines and action plans.

2. Objectives of the meeting

The general objective of meeting was to disseminate recent updated HIV testing and treatment and hepatitis B and C guidelines for building capacity of the national programme managers from member states and WHO country focal points. The specific objectives are:

- To review the national and regional progress on response to address testing and treatment for HIV & Hepatitis and update recommendations on HIV and Hepatitis testing and treatment, including on community led and self-testing; and partner notification.
- To review the contribution of Key Populations (KPs) in new infections, and revise approaches and implementation strategies to help address them adequately, including on how to reach the unreached.
- To ensure that all HIV and Hepatitis programmes interventions contribute to the achievement of UHC, and make recommendations on specific actions that programmes can take to contribute to strengthening UHC.
- To update the national programme managers, key CBOs, and WHO country focal points from member states on new WHO guidelines on HIV care including strategic information and hepatitis health sector response in Member States with timelines and resource needs identified.

The participants included national programme manager for HIV and Hepatitis, focal person for M&E, HIV and Hepatitis, academia and institutes of excellence, WHO Collaborating Centres, Development partners, and community stakeholder. The agenda is in Annexure-I and list of participants is at Annexure-II.

This report summarizes the major findings from the discussions in the meeting.
To begin the workshop, Dr Swarup Sarkar, Director, Communicable diseases delivered the welcome address. Dr B B Rewari, Scientist-HIV at SEARO shared a progress update on global and regional burden for HIV and hepatitis.

The WHO SEARO Regional Director, in her speech, highlighted the progress so far. Globally the coverage of antiretroviral therapy (ART) has increased to nearly 20 million, or about 70% of the estimated 36 million people living with HIV (PLHIV). The 2016 WHO guidelines recommended providing antiretroviral treatment to all those detected positive irrespective of clinical stage or CD4 count. This is expected to prevent 17 million new infections and also about 10.8 million HIV-related deaths by 2030.

The South-East Asia Region of WHO has the second highest number of people living with HIV with an estimated 3.5 million, out of which nearly 1.6 million are on ART. So far SEA Region countries have been able to avoid an explosive increase in HIV infections or deaths and are all showing declining trends.

3. Summary of workshop

The meeting started with Dr Swarup sarkar welcoming the participants and he also read out the speech by the Regional Director WHO SEARO, who could not attend the meeting due to some other pressing engagement.

The text of RD address is as below:

Mr. Alok Saxena, Joint secretary, NACO
Programme managers and WHO focal points from SEAR countries
Invited HIV and Hepatitis experts

At the outset I would like to welcome you to this workshop on dissemination of the recent WHO Guidelines on HIV and Hepatitis.

It is a matter of extreme satisfaction to all of us that the global response to HIV has seen unprecedented successes with most countries having controlled or reversed the epidemic as envisaged in one of the Millennium Development Goals. We are now at a historic moment in our fight against HIV having embarked on a mission to end the AIDS epidemic as a public health threat by 2030 as part of Sustainable Development Goal 3.3. We need to be very cautious not to be complacent due to our successes and ensure that HIV prevention and treatment service are available in a manner that is accessible to all, including key populations, under the overarching umbrella of universal health coverage.

In June 2016, the UN general assembly adopted a Political Declaration on HIV/AIDS that called for reducing new HIV infections and AIDS related deaths to fewer than 500 000 globally and eliminating
HIV-related stigma and discrimination by 2020. The Political Declaration also affirmed that these goals can only be realized with strong leadership and the engagement of people living with HIV, communities and civil society. To achieve these targets UNAIDS and WHO rolled out 90-90-90 strategy with clear targets to be achieved by 2020; that is, identifying 90% of people living with HIV, putting 90% of those identified on effective treatment, and ensuring that 90% of those on treatment have successfully suppressed the multiplication of HIV in their bodies. This will not only help people with HIV live longer and healthier, but will also interrupt transmission of the virus resulting in fewer new infections.

Globally the coverage of antiretroviral therapy (ART) has increased to nearly 20 million, or about 70% of the estimated 36 million people living with HIV (PLHIV). The 2016 WHO guidelines recommended providing antiretroviral treatment to all those detected positive irrespective of clinical stage or CD4 count. This is expected to prevent 17 million new infections and also about 10.8 million HIV-related deaths by 2030.

The South-East Asia Region of WHO has the second highest number of people living with HIV with an estimated 3.5 million, out of which nearly 1.6 million are on ART. So far SEA Region countries have been able to avoid an explosive increase in HIV infections or deaths and are all showing declining trends.

As a fast-track approach to ending AIDS, the WHO South-East Asia Region is focusing on the 90:90:90 targets by 2020. In this regard reaching out to the first 90 is the most challenging. There is a need to expand HIV testing services in a manner that will enable us to reach the unreached through a variety of testing approaches, including community-based testing and self-testing. We also need to increase detection of HIV among key populations by removing various structural and programmatic barriers for people at increased risk so that no one is left behind in our mission. Also linking all those found positive to HIV care needs to be ensured so that no one is missed during the linkage and in the continuum of care.

On the second 90, it is heartening to note that all countries in the South-East Asia Region have adopted the WHO TREAT ALL recommendations and this is likely to lead to a significant increase in the number of people receiving free antiretroviral therapy in the Region. Increase in coverage of antiretroviral therapy will have significant prevention benefits also in terms of reducing new infections in addition to reduction in HIV-related deaths. However the challenge remains in early detection of treatment failure as the viral load testing facilities for monitoring response to ART are not available in many countries in the region and they still rely on CD4 testing. We need to ensure the viral load testing, which is standard of care, is accessible to all those on ART.

The SEA Regional Office had launched the Regional Action Plan (RAP) for HIV 2017–2021 on World AIDS day 2017 with a clear vision of “zero new infections, zero HIV-related deaths, and zero discrimination”, and a goal of ending the AIDS epidemic as a public health threat by 2030. The RAP action plan has targets of reducing new infections to 51,000 and AIDS deaths to 43,000 and increasing the number of PLHIV on ART to 2.9 million by 2020. It promotes a people-centered approach and is grounded in principles of human rights and health equity.
WHO as the lead technical agency has been regularly updating the technical guidelines as well as operational guidelines for expanding coverage of People Living with HIV with effective interventions. Specifically these focus on addressing the issues related to HIV testing, managing advanced HIV disease, differentiated care, newer ARV drugs and combination prevention methods including Pre-exposure Prophylaxis (PrEP). During this workshop, these guidelines shall be disseminated to WHO country focal points and programme managers in member states to build their capacity. These guidelines and advances in prevention and treatment need to be used in a strategic way to advance the response to the KP-driven epidemics in the Region. The workshop also aims to review the contribution of Key Populations (KPs) in new infections, and revise approaches and implementation strategies to help address them adequately, including on how to reach the unreached. The discussions should also focus on ensuring that all HIV and Hepatitis programmes interventions contribute to the achievement of UHC, and make recommendations on specific actions that programmes can take to contribute to strengthening UHC.

This workshop will also offer an opportunity for review of progress on response to HIV and hepatitis in member states and support them on national hepatitis action plans.

To conclude, scientific advances have given us newer prevention tools; effective medicines that can treat, if not cure; and diagnostics to monitor and measure change and effectiveness of our interventions. Above all, we have the political will, commitment and an active, engaging civil society that has steered the HIV response from the lanes of despondency to the path of hope. We need to grab the momentum to end AIDS. I am sure that the SEA Region can win the fight against AIDS and be an example for the world.

I wish all the success for high quality deliberations during the workshop

This was followed by address from UNAIDS, NACO, WR India, representatives from HIV and hepatitis related Community based organisations. Dr Mukta shrama gave an overview of the objectives of the meeting.

The resource persons included experts from WHO HQ, UNAIDS, WHO SEARO, Thai Red cross society besides programme managers from SEAR countries who presented their country scenarios on various aspects like MTCT, PrEP, Viral load etc during the 3 days’ workshop. The updated guidelines on HIV STI and hepatitis were disseminated to WHO country focal points and programme managers in member states. The workshop also focused on issues related to ensuring access to all those who need it under the overarching umbrella of Universal Health Care (UHC).

The initial part of meeting focussed on the recommendations from the think tank meeting on revisiting the strategies for Key populations held by SEARO. The HQ experts presented the evidence in this regard and also how can the HIV and hepatitis elimination can be achieved under the overarching umbrella of UHC. Role of newer interventions like PrEP and HIV ST were discussed in depth and their suitability in context of epidemics in the SEA region. Maldives Sri Lanka and Bhutan presented the status on their efforts towards Elimination of MTCT of HIV and syphilis in their countries. Many session were held using WebEx from WHO HQ experts. This was first time in a guideline dissemination meeting that 6-7 sessions were held using e-technology and had good discussion also with experts over WebEX. The
sessions on advanced disease and rapid ART intitiation were very interactive. The debate on CD4 vs Viral load saw participation by most participants on the future role of CD4 in view of increasing availability of VI facilities in countries in the region.

The experts from Global Fund HQ, WHO HQ and UNAIDS held a full session on new directions in Monitoring and Evaluation including the WHO person-centred patient monitoring guidelines. An update on the Spectrum model for STI surveillance and revised guidelines for STI treatment was another key session as not much focus has been laid in the region in last few years on STIs. Eliminating hepatitis by 2030 session focussed on the global and regional progress and the 10-point monitoring framework for hepatitis. This workshop will also offered an opportunity to review of progress on response to HIV and hepatitis in member states and support them on national hepatitis action plans. The updated guidelines on diagnosis and management of hepatitis B and C were presented by experts from WHO Collaborating centre on hepatitis from SGPGI Lucknow.

The key reference materials used during the workshop are as below:

1. What’s new in service delivery; Fact sheet: HIV treatment and care (November 2015)–
   http://apps.who.int/iris/bitstream/handle/10665/204461/WHO_HIV_2015.46_eng.pdf;jsessionid=D86A355B019E1192A5F16FF8DFB589C?sequence=1
2. Differentiated Care for Antiretroviral Therapy for Key Populations: Case Examples from the LINKAGES Project-
3. Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy Policy brief-
4. WHO recommends HIV self-testing; Policy brief http://www.who.int/hiv/pub/vct/alternate_Policy-brief_HIVST-Asia.pdf?ua=1
5. WHO recommends assistance for people with HIV to notify their partners Policy brief-
   http://apps.who.int/iris/bitstream/handle/10665/251548/WHO-HIV-2016.22-eng.pdf?sequence=1
6. What’s new in treatment monitoring: viral load and CD4 testing HIV treatment and care – information note-
   http://apps.who.int/iris/bitstream/handle/10665/255891/WHO-HIV-2017.22-eng.pdf;jsessionid=E3032F7F3661695D962472DF17093D12?sequence=1
7. Guidelines for the diagnosis, prevention and management of cryptococcal disease in HIV-infected adults, adolescents and children-
   http://apps.who.int/iris/bitstream/handle/10665/260399/9789241550277-eng.pdf?sequence=1
8. WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection Summary-
9. Transition to new antiretrovirals in HIV programmes; Policy brief
4. Conclusion
The workshop provided participant from member states and WHO country office an update on various recent guidelines on HIV STI and hepatitis to strengthen the national responses in countries with a view of ending HIV and hepatitis by 2030 as envisaged in the SDG 3.3 and WHO health sector strategies on HIV and hepatitis, 2016-21. Also the focus on achieving this under the umbrella of UHC leaving no one behind was emphasized so that people, are adequately protected with high quality care without hardships the popuation at large and specifically to KPs. **WHO will help the member states implement these recent recommendations into their national programmes.**
# Annex 1: Programme

## Regional dissemination workshop on Guidelines for HIV and Hepatitis B & C

*New Delhi, India, 09 - 11 May 2018*

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<tr>
<td>0830 – 0900</td>
<td>Registration</td>
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<td><strong>Day 1: Session 1</strong></td>
<td>0900 – 1000</td>
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<td><strong>Inaugural session</strong></td>
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<td></td>
<td>• Welcome address by Swarup Sarkar, Director, CDS, WHO SEARO (5 mins)</td>
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<td>• Address by Regional Director, WHO SEARO – Read by Swarup Sarkar (5 mins)</td>
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<td>• Address by UNAIDS RST—Salil Panakadan (5 mins)</td>
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<td>• Address by Alok Saxena, Joint Secretary, NACO, Govt. of India (10 mins)</td>
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<td>• Address by Henk Bekedam, WHO Representative, India (5 mins)</td>
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<td></td>
<td>• Community perspectives on ending AIDS-Sushena R. Paul, Ashodaya, Mysore (7 mins)</td>
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<td>• Community perspectives on Hepatitis – Nalinikanta Rajkumar, CONE, Manipur (5 mins)</td>
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<td>• Objectives of the workshop -Mukta Sharma, RA-HIV/TB/HEP WHO SEARO (5 mins)</td>
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<td>• Introduction of participants (15 mins)</td>
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<td>1000 – 1030</td>
<td>Group photograph and Tea Break</td>
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<td><strong>Day 1: Session 2</strong></td>
<td>1030 – 1200</td>
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<td><strong>Setting the scene</strong></td>
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<td>Chairs: R Gangakhedkar, Md Belal Hossain</td>
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<td></td>
<td>• Global and regional burden for HIV and hepatitis – progress update – B B Rewari, Scientist HIV/STI/HEP, WHO SEARO (15 mins)</td>
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<td><strong>Key Populations (KPs) in the center</strong></td>
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<td>• Evolving epidemics in Asia – why do we need to focus on KPs and marginalized populations for ending AIDS and eliminating Hepatitis - Mukta Sharma (15 mins)</td>
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<td>• How do we bend the trajectory of the HIV epidemic and what this means in the context of UHC– Rachel Baggaley (20 mins)</td>
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<td>• What needs to be done differently - recommendations from Think Tank meeting on Key Populations-Swarup Sarkar (15 mins)</td>
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<td>Plenary discussion (15 mins)</td>
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<td>1200 – 1300</td>
<td>Lunch Break</td>
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<td><strong>Day 1: Session 3</strong></td>
<td>1330 – 1500</td>
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<td></td>
<td><strong>Moderated discussion – How can HIV and Hepatitis elimination be achieved in the context of UHC</strong></td>
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<td>Moderator: Lluis Vinals Torres, RA-HEP, WHO SEARO</td>
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<tr>
<td></td>
<td>• Introduction to UHC- Lluis Vinals Torres</td>
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<td>• How can HIV and Hepatitis programmes proactively engage with the UHC agenda in order to deliver– opportunities and challenges - Salil Panakadan (15 mins)</td>
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<td>• Leveraging community health systems for UHC – opportunities, progress and challenges– Ryuichi Komatsu, Global Fund HQ (15 mins)</td>
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<td>1500 - 1530</td>
<td><strong>Tea Break</strong></td>
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<td>Day 1:</td>
<td><strong>Session 4</strong></td>
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<tr>
<td>1530 – 1730</td>
<td><strong>Pre-Exposure Prophylaxis (PrEP) – Moving ahead on prevention</strong></td>
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<td>Moderator: Rachel Baggaley</td>
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<td>1. Experience from WPRO on sustaining financing mechanism for HIV and Hepatitis – Ishikawa Naoko, coordinator, HIV/Hep/STI, WHO WPRO-WebEx (15 mins)</td>
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<td>Q &amp; A-10 min</td>
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<td>Summing up and key messages- Lluis Vinals Torres</td>
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<td><strong>Session 5</strong></td>
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<td>0830 – 0915</td>
<td><strong>Novel testing approaches to reach the unreached and linkage to care</strong></td>
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<td>Chairs: Swarali Kurle, Samarn Futrakul</td>
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<td>1. Newer strategies to reach first 90</td>
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<td>- Community-based testing, self-testing, index testing, partner notification &amp; social network testing – Rachel Baggaley (15 mins)</td>
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<td>- Country policy on community-led testing in Nepal- Dr Bimal Chalise (10 mins)</td>
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<td>2. Plugging the linkage loss from testing to treatment- experience from India (10 mins)</td>
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<td>Q &amp; A 10 mins</td>
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<td>Day 2:</td>
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<td>0915 – 1015</td>
<td><strong>ART optimization, monitoring and retention in care</strong></td>
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<td>Chairs: Bilali Camara, B B Rewari</td>
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<td>1. ART Optimization: Newer ARV regimen: WHO guidelines- When and what to change? – Fabio De Mesquita, Technical officer, HIV, WHO HQ (20 mins)</td>
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<td>2. DTG- When and How?—Doherty Meg, Coordinator Treatment and Care, WHO HQ - WebEx (15 mins)</td>
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<td>3. Retention in care-Differentiated Service Delivery Model (DSDM) - Mukta Sharma (15 mins)</td>
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<td>Q &amp; A 10 Mins</td>
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<td>1015 – 1030</td>
<td><strong>Tea Break</strong></td>
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<tr>
<td>Day 2:</td>
<td><strong>Session 6 (continued)</strong></td>
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<tr>
<td>1030 – 1230</td>
<td><strong>ART optimization, monitoring and retention in care (Contd.)</strong></td>
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<td>1. Advanced HIV disease and rapid initiation of ART – B B Rewari (10 mins)</td>
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<td><strong>Improving patient outcomes on ART</strong></td>
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<td>1. Update on role of viral load and CD4 in patient management – Fabio De Mesquita (10 mins)</td>
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<td>2. Expanding the viral load testing in SEAR countries – progress and challenges, experience from Bhutan, India, Nepal and Myanmar (5 mins each)</td>
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<td>Day 3: Session 10</td>
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<td>0900 - 1000</td>
<td><strong>National action plan for Hepatitis-progress in countries</strong>&lt;br&gt;Moderator-Fabio De Mesquita&lt;br&gt;• Where are we with National Action plans in countries?&lt;br&gt;➢ Presentation by India, Thailand and Timor-Leste (10 mins each)&lt;br&gt;• Discuss and support countries on developing time-bound actionable plans based on NSP for Hepatitis (30 mins)</td>
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<td>1000 - 1100</td>
<td><strong>Tea Break</strong></td>
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<td>1100 - 1200</td>
<td><strong>Hepatitis Diagnosis and treatment - A Public Health approach</strong>&lt;br&gt;Chairs: Regina Tiolina Sidjabat, Mr Namgay Tshering&lt;br&gt;• WHO Guidelines on testing for hepatitis B – Ekta Gupta, ILBS, WHO CC (20 mins)&lt;br&gt;• WHO Guidelines on testing for hepatitis C – Ekta Gupta, ILBS, WHO CC (20 mins)&lt;br&gt;Discussion (20 mins)</td>
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<td>1200 – 1300</td>
<td><strong>Lunch break</strong></td>
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<td>1300 - 1400</td>
<td><strong>Hepatitis Diagnosis and treatment - A Public Health approach (contd.)</strong>&lt;br&gt;Chairs: Regina Tiolina Sidjabat, Mr Namgay Tshering&lt;br&gt;• WHO Guidelines on treatment for hepatitis B – Rakesh Aggarwal, SGPGI, WHO CC (20 mins)&lt;br&gt;• WHO Guidelines on treatment for hepatitis C – Rakesh Aggarwal, SGPGI, WHO CC (20 mins)&lt;br&gt;Plenary discussion (20 mins)</td>
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<td>1400 -1515</td>
<td><strong>WHO M&amp;E framework for viral hepatitis and patient monitoring</strong>&lt;br&gt;Chairs: Sheena J D Viegas, Md Ekramul Haque&lt;br&gt;• Hepatitis C calculator- an advocacy aid- Rakesh Aggarwal, SGPGI, WHO CC (20 mins)&lt;br&gt;• Hepatitis B and C calculator-country experience-Indonesia-Beatricia Iswari (10 mins)&lt;br&gt;• Hepatitis M&amp;E framework - Yvan Hutin, HQ -WebEx (20 mins)&lt;br&gt;Plenary discussion (10 mins)</td>
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<td>1515 - 1530</td>
<td><strong>Tea Break</strong></td>
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<td>1530 - 1600</td>
<td><strong>Key messages, conclusions and way-forward - Swarup Kumar Sarkar/Mukta Sharma</strong></td>
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Annex 2: List of participants

**Bangladesh**

1. Dr Md Ekramul Haque  
   Evaluator  
   Centers for Disease Control (CDC)  
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**Bhutan**

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   Email: ntshering@health.gov.bt

**India**

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