

**STRATEGIC PLAN TO CONTROL
HIV, VIRAL HEPATITIS AND STIs
FOR SAUDI ARABIA
2024-2030**

Collaborative Care for a Healthier Future

The Process for Developing this Strategic Plan

The fight against HIV, Hepatitis, and Sexually Transmitted Infections (STIs) in our Kingdom just got stronger, thanks to a collaborative effort from all corners of Saudi Arabia. This brand-new plan, designed to control these diseases, wasn't created by a few people behind closed doors. Instead, it's the result of open discussions and teamwork between many different groups.

The Strategic Plan (SP) to control HIV, Viral Hepatitis, and STIs in the Kingdom of Saudi Arabia (KSA) is a testament to the power of collaboration. This comprehensive strategy, crafted through an inclusive and participatory process, reflects the unwavering commitment of diverse stakeholders to tackle these public health challenges.

The process of crafting the SP underscored the importance of learning from past strategies, leveraging a robust review of the preceding plan's outcomes to inform future directions. This reflective approach was pivotal, involving a detailed analysis of reports, program evaluations, and stakeholder interviews. By evaluating the achievements and areas for improvement against the goals of the 2024-2030 SP, the Kingdom has strategically positioned itself to address the evolving landscape of HIV, Viral Hepatitis, and STIs with renewed focus and clarity.

From July to December 2023, a vibrant dialogue unfolded during thematic consultations. Voices from within and beyond the Ministry of Health resonated, including representatives from other government sectors, non-governmental organizations, international partners, and most importantly, affected communities. This inclusive approach ensured the plan is informed by a tapestry of perspectives, weaving together evidence-based interventions with innovative solutions tailored to the unique context of KSA.

Stakeholder engagement emerged as a cornerstone of the SP development process, underscoring the value of diverse perspectives in shaping effective health strategies. This engagement spanned national and sub-national levels, bringing together government entities, civil society organizations, private sector partners, and communities directly impacted by these diseases. Such a broad coalition ensured the plan was not only comprehensive but also attuned to the multifaceted nature of public health challenges, fostering a sense of ownership and commitment among all parties involved.

This collaborative spirit transcends mere consultation. It signifies a shared commitment to action. By fostering collaboration across sectors – health, social affairs, education, and interior, to name a few – the plan adopts a holistic approach that addresses the root causes of these diseases and promotes the well-being of all Saudi citizens.

The thematic consultations that informed the SP were characterized by their focus on critical areas of intervention, from harm reduction and community health education to the management of infectious diseases within vulnerable populations. Each thematic area was thoroughly explored in dedicated sessions, enabling stakeholders to delve into specific issues, propose solutions, and align on strategic objectives. This level of detail and specificity ensures that the SP is not merely a document but a roadmap for action, informed by the latest evidence and best practices in public health.

By drawing on a wide range of inputs and experiences, the Kingdom has laid the groundwork for a strategic response that is both ambitious and achievable. As the plan moves from development to implementation, the continued commitment of all stakeholders will be crucial to its success, with the ultimate goal of significantly reducing the burden of these diseases and improving the health and well-being of the Saudi population.

Table of Contents

Contents

1. Executive Summary	5
2. Introduction.....	8
2.1. Background.....	9
2.2. Rationale:.....	9
2.3. GOALS, TARGETS, AIMS AND FRAMEWORK.....	9
3. Situation Analysis.....	12
3.1. Epidemiological Overview	12
3.2. Current Strategies and Interventions	14
4. Vision, goals, strategic directions	17
4.1. Vision, goals, strategic directions	17
5. Shared Strategic Actions Across All Disease Programs.....	Error! Bookmark not defined.
5.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services.....	20
5.1.1. Shared Action 1: Instituting Comprehensive Prevention Measures	20
5.1.2 Shared Action 2: Enhancing Early Detection and Diagnosis.....	21
5.1.3 Shared Action 3: Amplifying Treatment and Care	22
5.1.4 Shared Action 4: Eliminating the Vertical Transmission of HIV, Hepatitis B Virus and Syphilis	22
5.1.5 Shared Action 5: Promoting People-centered services, integration and decentralization.....	23
5.2. Strategic Direction 2: Optimize systems, sectors and partnerships for impact	24
5.2.1 Shared Action 6: Ensuring Infection prevention and control.	24
5.2.1.1. Implementing Robust Infection Control Practices	24
5.2.1.2. Promoting Safe Health Practices in Communities and Healthcare Settings	24
5.2.2 Shared Action 7: Strengthening Primary Health Care	25
5.3. Strategic Direction 3: Generate and use data to drive decisions for action.....	26
5.3.1 Shared Action 8: Strengthening Surveillance, Monitoring, Evaluation and Research Functions.....	26
5.4. Strategic Direction 4: Engage empowered communities and civil society.....	28
5.4.1. Shared Action 9: Eliminating stigma, discrimination and other structural barriers.....	28
5.5. Strategic Direction 5: Foster innovations	29
5.5.1 Shared Action 10: Implementing Digital Innovations.....	29
6. HIV Specific Actions	31
6.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services.....	31
6.1.1. Action 11: Enhancing Access to PrEP and PEP:.....	31
6.1.4. Action 14: Comprehensive Support for Newly Diagnosed Individuals:.....	31
6.2. Strategic Direction 2: Optimize systems, sectors and partnerships for impact	31
6.2.1. Action 15: Tailored Messaging for Religious and Cultural Sensitivity:	31
6.3. Strategic Direction 4: Engage empowered communities and civil society.....	31

6.3.1. Action 16: Targeted Peer-Led Outreach:.....	31
7. Viral Hepatitis Specific Actions	32
7.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services.....	32
7.1.1. Action 19: Focus on Vaccination: Hepatitis B and Beyond in the Kingdom of Saudi Arabia	32
7.1.2. Action 20: Training Healthcare Providers: Strengthening Expertise in Viral Hepatitis Diagnosis and Care	32
7.1.3. Action 21: Evolution of Viral Hepatitis Treatment Landscape in Saudi Arabia.....	33
7.2. Strategic Direction 4: Engage empowered communities	33
7.2.1. Action 22: Screening Programs for High-Risk Groups: Establishing Comprehensive and Confidential Testing	33
7.3. Strategic Direction 5: Foster innovations for impact.....	Error! Bookmark not defined.
7.3.1. Action 23: Testing Gaps and Limited Reach: Bridging the Diagnostic Divide in KSA.....	Error! Bookmark not defined.
8. Sexually Transmitted Infections Specific Actions	35
8.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services.....	35
8.1.1. Action 29: Promoting Open Dialogue and Education About Sexual Well-being	35
8.1.2. Action 30: Expanding Preventive Measures and Examination	36
8.1.3. Action 31: Assuring Access to Essential Medication	36
8.2. Strategic direction 3: Generate and use data to drive decisions for action.....	37
8.2.1. Action 32: Enhancing Health Data Systems to Shape STI Strategies.....	37
9. Implementation Approach	38
9.1. The Governance Framework:	38
9.2. Roles of Different Sectors and Stakeholders	38
9.3. Phase Definition and Sequencing:	42
9.4. Monitoring, Evaluation and Reporting	42

1. Executive Summary

The Strategic Plan (SP) for HIV, viral hepatitis, and sexually transmitted infections (STIs) in the Kingdom of Saudi Arabia (KSA) represents a significant milestone in the nation's commitment to public health. It takes a comprehensive approach, drawing from global best practices and KSA's unique context. Informed by years of experience, this blueprint aligns with KSA's 2030 Vision and international commitments like the Sustainable Development Goals (SDGs). To achieve the 2030 targets, stakeholders must not only improve service delivery but also combat stigma, discrimination, and disparities that increase infection risks and hinder access to services. The SP aims to reduce the spread of HIV, viral hepatitis B & C, and STIs while minimizing their impact and enhancing the well-being of affected individuals. The SP focuses on prevention, care, support, and the well-being of those affected by these diseases. Implementation will involve collaboration among government institutions, healthcare providers, and the private sector.

The plan outlines strategies for the 2024-2030 period, emphasizing the central role of the healthcare system in eliminating these epidemics. Furthermore, it translates strong political and leadership commitment into clear objectives linked to effective interventions aimed at achieving the framework's goals.

Rationale:

HIV, viral hepatitis, and STIs are three closely related diseases that share common modes of transmission and affected populations. This plan will take a holistic approach, addressing the underlying factors that contribute to these conditions, such as risk factors, community needs, stigma, discrimination, as well as providing comprehensive and coordinated care to those affected. By developing a joint strategic plan, the Ministry of Health can be more efficient and effective in its efforts to control these diseases. The plan will allow for the pooling of resources and expertise and will ensure that all affected individuals have access to the services they need.

Strategic Frameworks:

- (1) Saudi Vision 2030
- (2) National Health Strategy
- (3) The Health Sector Transformation Program
- (4) Global health sector strategies on, respectively, HIV, viral hepatitis and STIs (2022-2030)

Vision:

Ending the epidemics of HIV, viral hepatitis B & C and Sexually Transmitted Infections and everyone has access to high-quality prevention, testing, treatment and care services, free of stigma and discrimination through integrated and people centered health system.

Goals:

- Reducing the spread of HIV, viral hepatitis B & C, and Sexually Transmitted Infections.
- Reducing mortality and morbidity related to HIV, viral hepatitis B & C and Sexually Transmitted Infections.
- Eliminating vertical transmission of HIV, syphilis and hepatitis B.
- Reducing stigma, discrimination and other barriers to accessing services for HIV, viral Hepatitis B & C and Sexually Transmitted Infections.
- Improve health system capacity for high quality people-centered services.
- Accelerated progress in research and innovation for HIV, viral hepatitis B & C and Sexually Transmitted Infections.

Key Targets:

- By 2030, reducing the new infections and transmission of HIV and viral hepatitis B & C among the general population by 90% of 2022 rates.
- By 2030, reducing deaths from HIV and viral hepatitis among the population by 50% of 2022 rates.
- By 2030, the estimated morbidity of priority STIs among the population is reduced by 90% of 2022 rates.
- Achieve validation for the elimination of vertical (mother-to-child) transmission of HIV, hepatitis B, and syphilis by 2030.
- Ensure more than 90% of people living with HIV, viral hepatitis B & C know their status. More than 80% from diagnosed viral hepatitis B & C patients and 90% of diagnosed HIV patients, who are eligible for treatment, are on treatment.

The Structure of The Strategic Plan

The SP outlines a comprehensive and meticulously structured framework that strategically addresses the challenges of HIV, viral hepatitis, and STIs in Saudi Arabia. It was structured around three main core elements: (1) Strategic Directions, (2) Shared Actions across Programs and Stakeholder, (3) Disease-Specific Strategies and Actions; and (4) Roles of Different Sectors and Stakeholders.

Part 1: Strategic Directions

Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services

Strategic Direction 2: Optimize systems, sectors and partnerships for impact

Strategic Direction 3: Generate and use data to drive decisions for action

Strategic Direction 4: Engage empowered communities and civil society

Strategic Direction 5: Foster innovations

Part 2: Shared Actions across Programs and Stakeholder

The SP outlines a comprehensive and meticulously structured framework that strategically addresses the challenges of HIV, viral hepatitis, and STIs in Saudi Arabia. Central to this blueprint are 10 overarching strategic shared actions that underpin all disease programs. These actions collectively lay the foundation for a unified approach to disease prevention and control, ensuring coherence and synergy across interconnected domains.

1. **Comprehensive Prevention Measures:** This action focuses on raising awareness, health education, and implementing harm reduction strategies to prevent the spread of diseases.
2. **Enhancing Early Detection and Diagnosis:** Scaling up screening and testing programs and improving access to diagnostic tools are key aspects of this action.
3. **Amplifying Treatment and Care:** Ensuring access to essential medication and providing robust patient support and counseling services form the foundation of this action.
4. **Eliminating the Vertical Transmission:** Instituting maternal and newborn care programs and scaling up antenatal screening and treatment initiatives to prevent the transmission.
5. **Promoting People-centered Services, Integration, and**

Decentralization: Prioritizing patient needs and experiences, fostering integrated service delivery, and enhancing infrastructure.

6. **Strengthening Monitoring and Evaluation Functions:** Continuous performance monitoring and regular evaluations ensure the effectiveness of interventions and guide improvements.
7. **Eliminating Stigma, Discrimination, and Other Structural Barriers:** Addressing structural barriers to access and care are the focus of this action.
8. **Ensuring Infection Prevention and Control:** The implementation of robust infection control practices and promoting safe health practices in communities and healthcare settings.
9. **Strengthening Primary Health Care:** Prioritizing health promotion and disease prevention in primary care and enhancing the capacity of the primary healthcare workforce.
10. **Implementing Digital Innovations:** Utilizing digital health solutions for prevention and awareness, early detection and diagnosis, treatment and care, and data and surveillance.

These shared actions collectively contribute to a cohesive and comprehensive strategy to address the common challenges posed by HIV, viral hepatitis, and STIs in Saudi Arabia.

Part 3: Disease-Specific Strategies and Actions

The SP extends its approach to disease-specific actions, delineating tailored strategies for HIV, Hepatitis B, Hepatitis C, and STIs. Each area receives distinct attention in terms of prevention, diagnosis, and treatment, acknowledging the unique epidemiological characteristics and challenges.

HIV Control Strategy:

Global best practices were adapted to fit to Saudi Arabia socio-cultural context, maximizing the effectiveness of prevention, treatment, and care. The strategy emphasizes tailored approaches for key populations, confronts stigma and misinformation, and promotes open dialogue and health education.

Viral Hepatitis Control Strategy

Integrated approach optimizes policy, resources, and healthcare to efficiently address HBV and HCV. The strategy structured around four pillars: Prevention, Diagnosis, Treatment, and Care, all aimed at reducing the viral hepatitis burden in KSA.

STIs Control Strategy

The strategy for STIs prioritizes prevention through open dialogue and public awareness. Timely diagnosis is crucial, with expanded screening for early

intervention. The strategy aims to make high- quality STI treatment accessible to all, addressing both medical and psychosocial needs. Adaptation to evolving challenges is at its core.

Part 4 Implementation Approaches

Achieving national targets in addressing HIV, viral hepatitis, and STIs necessitates collaboration among diverse health and development partners. A united effort, guided by a country-driven agenda supported by the Saudi government and collaborators, is essential. This cooperative approach should span across various systems and sectors to maximize impact and achieve shared goals.

Key Stakeholders

Aligned with Saudi Arabia's multidimensional healthcare landscape, the SP outlines the roles of different sectors and stakeholders. It assigns responsibilities to government bodies, private sector, international partners, and community organizations, signifying a collaborative and integrated approach. The SP's commitment to effective governance is evidenced through robust monitoring, evaluation, and reporting mechanisms.

The following is an overview of the critical stakeholders:

- Government Entities: Ministry of Health (MOH); General Authority for Statistics; Ministry of Education, etc.
- Healthcare Facilities: Public Health Facilities; Specialty Centers, and Private Healthcare Providers.
- Academic and Research Institutions: Universities and Research Centers.
- Professional Associations and Societies:
- Media and Communication Channels.

Key highlights from the Governance Framework

- Ministry of Health: Provides overall leadership and direction for the SP's implementation, sets policies, and makes strategic decisions.
- National Programs Coordination Unit: Established within MOH to oversee day-to-day implementation, coordination, and management of SP activities.
- Technical Working Groups: Formed to focus on specific areas such as prevention, treatment, research, and surveillance. Comprised of experts from various sectors to provide technical input and guidance.
 - Monitoring and Evaluation Unit: A unit (in MOH)

Responsible for designing and implementing monitoring and evaluation frameworks to track progress, measure outcomes, and adjust strategies.

- Communication Unit: Develops a comprehensive communication strategy to raise awareness, reduce stigma, and promote behavior change.
- Media Engagement: Engage with media outlets to disseminate accurate information and address misconceptions.

2.Introduction:

2.1 Background

2.2 Rationale

2.3 Aims, Target, Guiding principle and framework.

2. Introduction

2.1. Background

The Strategic Plan (SP) for the control of HIV, viral hepatitis, and sexually transmitted infections (STIs) in the Kingdom of Saudi Arabia (KSA) marks a pivotal milestone in the nation's commitment to public health excellence. With an unwavering dedication to addressing the challenges posed by communicable diseases, this plan embodies a comprehensive approach that draws inspiration from both global best practices and the unique context of KSA. Through a strategic interplay of multi-stakeholder collaboration, data-driven insights, and evidence-based interventions, this plan seeks to curtail the spread of HIV, viral hepatitis, and STIs, ensuring the well-being of the population for generations to come.

Efforts towards the 2030 Vision in KSA's National Context require a holistic approach to achieve relevant targets. In alignment with Saudi Arabia's commitment to global health and welfare, the 2023-2030 plan for combating HIV, viral hepatitis, and STIs is essential component of the broader health and development goals. These strategies are not only in harmony with the Kingdom's endeavours towards achieving the targets of the 2030 Vision but also contribute to realizing international commitments such as the Sustainable Development Goals (SDGs) and achieving universal health coverage. To fully realize the 2030 targets in the Kingdom, stakeholders must not only enhance the service delivery for these diseases, but also actively combat prevalent stigma and discrimination, and social disparities. These societal challenges intensify infection risks and hinder many from accessing pivotal services. The SP to control HIV, Viral Hepatitis and STIs for the KSA aims to provide a comprehensive framework to effectively address these infections in the country. This plan emphasizes the importance of sensitively addressing the issues surrounding the disease control, while focusing on prevention, care, support, and the overall well-being of individuals affected by the diseases.

The Kingdom of Saudi Arabia has been progressing on the correct path for controlling HIV and viral hepatitis, and this strategic plan serves as a continuation of the previously developed action plans to tackle the diseases in the country. This strategic plan aligns Saudi Arabia's response to HIV, viral hepatitis, and STIs with the global and regional strategies aiming at realizing the 2030 Agenda for Sustainable Development. It is guided by the Saudi Arabian Health Strategy, as well

as the WHO Global Strategy and Regional Action Plan. It was crafted to address local priorities identified in the situation analysis, all the while keeping the focus on strategic directions aligned with global and regional commitments.

2.2. Rationale:

HIV, viral hepatitis, and STIs are three closely related diseases that share common modes of transmission and affected populations. By developing a joint strategic plan, the Ministry of Health can be more efficient and effective in its efforts to control these diseases.

2.3. Aims, targets, guiding principles and frameworks:

2.3.1 Aims:

- Assimilate knowledge across HIV, viral hepatitis B & C, and Sexually Transmitted Infections,
- Harnessing the potential of novel innovations and insights to address HIV, viral hepatitis B & C, and Sexually Transmitted Infections more effectively.
- Ensure universal access to prevention, screening, care, and treatment services.
- Sustain high coverage with these essential services.

2.3.3 Targets:

The following are the key target for the SP:

- By 2030, reducing the new infections and transmission of HIV and viral hepatitis B & C among the general population by 90% of 2022 rates.
- By 2030, reducing deaths from HIV and viral hepatitis among the population by 50% of 2022 rates.
- By 2030, the estimated morbidity of priority STIs among the population is reduced by 90% of 2022 rates.
- Achieve validation for the elimination of vertical (mother-to-child) transmission of HIV, hepatitis B, and syphilis by 2030.
- Ensure more than 90% of people living with HIV, viral hepatitis B & C know their status. More than 80% from diagnosed viral hepatitis B & C patients and 95% of diagnosed HIV patients, who are eligible for treatment, are on treatment.

2.3.4 Guiding Principles:

The SP framework was designed around the following principles:

- Multidimensional, incorporating prevention,

testing, treatment, and patient care.

- Multi-sectoral approach.
 - Partnerships between different parts of the health system, government, and other stakeholders, including affected communities and other sectors and organizations.
 - Translates the robust political and leadership commitment into clear objectives tied to recommended efficient interventions to achieve the goals of this framework.

2.3.5 Strategic Frameworks:

1. Saudi Vision 2030

The aim of Saudi Vision 2030 is to transform the Kingdom of Saudi Arabia into a vibrant society, a thriving economy, and an ambitious nation. This vision guides the economic, social, human, and environmental development of the country. Saudi Vision 2030 aims to enhance the health of the Kingdom's population and aspires to develop an integrated system for healthcare, managed according to international standards. The vision emphasizes the importance of universal access to all health services as a key objective (universal coverage).

2. National Health Strategy

The Ministry of Health's (MOH) strategy has introduced modern methodologies to create a patient-centered healthcare system. This approach focuses on meeting patients' health needs accurately and promptly, spanning primary care to specialized treatments, all while upholding patients' rights and preferences. Although these aspects may have been overlooked previously, they now stand as key goals within the Ministry's strategy. This patient-centric vision is realized through the Integrated and Comprehensive National Healthcare Project, implementing an integrated and comprehensive healthcare approach.

3. The Health Sector Transformation Program

The Health Sector Transformation Program in Saudi Arabia aims to revamp the healthcare system into an inclusive, efficient, and integrated structure that prioritizes individual and societal well-being. Anchored in value-based care, the program ensures transparency and financial sustainability while emphasizing disease prevention. It strives for enhanced healthcare access, leveraging e-health services, equitable distribution, and improved quality. The program follows international standards, establishes integrated healthcare systems nationwide, and fosters public awareness. It fosters collaboration among health entities, government

bodies, and aligns with national goals throughout the transformation journey. The Program was established as part of Saudi Arabia's Vision 2030 to advance healthcare services and concentrate efforts in this critical sector. It follows the National Transformation Program's successful achievements in elevating healthcare quality, efficiency, and protection against health risks. Aligned with a strategic aspect of the National Transformation Program, the health sector was enhanced in response to the COVID-19 pandemic.

4. Global health sector strategies on, respectively, HIV, viral hepatitis and STIs (2022-2030)

These international frameworks aim to guide countries, including Saudi Arabia, in achieving the 2030 Agenda for Sustainable Development. They outline the contribution of the health sector to combat HIV, viral hepatitis, and STIs working towards its elimination as public health threats. The strategy defines a set of priority actions for countries to undertake and aligns this with a set of priority actions for the WHO to take, in support of the WHO member states involved, including the Kingdom of Saudi Arabia.

By aligning these strategic documents with the local context and international frameworks, the Kingdom aims to create a robust and responsive health system that meets the unique needs of all populations.

3. Situation Analysis

3.1. Epidemiological Overview

- A. HIV Epidemiology
- B. Viral Hepatitis Epidemiology
- C. Priority STIs Epidemiology

3.2. Current response and Interventions

3. Situation Analysis

3.1. Epidemiological Overview

The trends in Saudi Arabia regarding HIV, viral hepatitis, and STIs are vital to the understanding of the country's specific challenges and requirements.

A. HIV Epidemiology

Prevalence:

- UNAIDS has approximated the HIV prevalence within the general population (15-49 years, 2022) to stand at less than 0.1%, showcasing a consistent level of control over the preceding decade. Prevalence among the youth (15 to 24 years) remains very low, necessitating focused efforts to uphold this trend. According to these estimates, there are around 11,000 individuals living with the disease by end of 2022.

New infections:

- There are approximately around 1300 new cases of HIV in 2022, translating to an incidence rate of 0.04 per 1,000 populations. The average number of HIV reported new cases around 1,250 between 2018 and 2022.

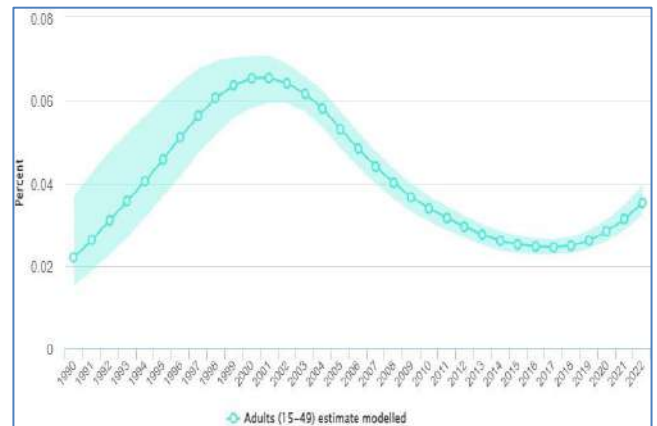
Mortality rate

- HIV-associated mortality remains relatively very low. The estimated annual mortality rate from HIV-related causes is less than 0.01 per 1,000 populations.

Trends Over Time:

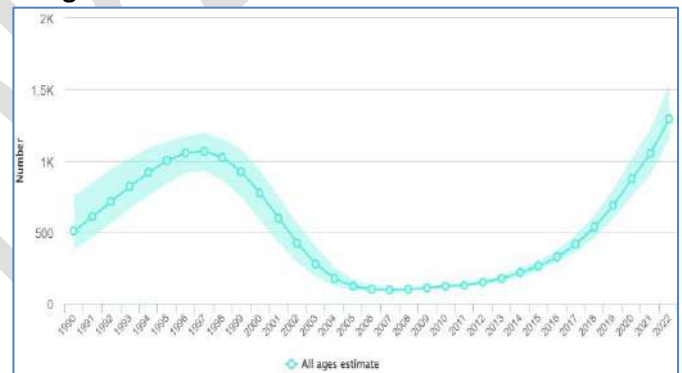
- The encouraging status around the overall HIV epidemic in the Kingdom can be partially attributed to concerted public health efforts to control the epidemic in the country. The decline in HIV associated mortality suggesting an improvement in healthcare access and treatment efficacy. However, the incidence prevalence started to increase again, underscoring the need for continued interventions targeting people living with HIV and focusing more on prevention.

The Prevalence rate of HIV In Saudi Arabia has shown a rising trend since 2017.



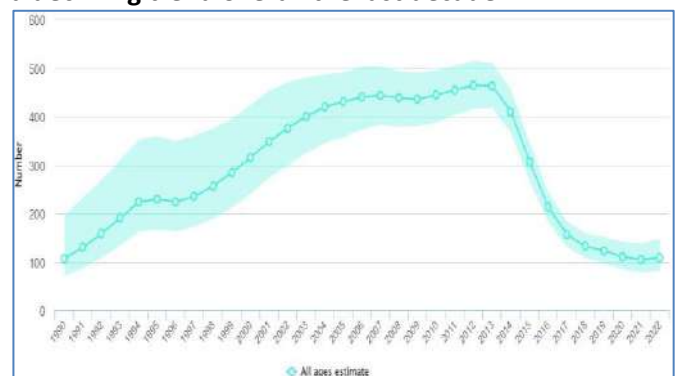
Source: UNAIDS Estimates 2022

The estimated new infections of HIV have shown a rising trend overall the last decade.



Source: UNAIDS Estimates 2022

The Mortality rates of HIV In Saudi Arabia has shown a declining trend overall the last decade.



Source: UNAIDS Estimates 2022

Demographic Breakdown:

The distribution of HIV within the Kingdom reveals a multifaceted pattern across diverse populations.

- The age group (15-49 years) represented 89% of cases diagnosed for HIV among in 2022. In particular, young adults aged 25 to 34 represent a

significant demographic, often affected due to social interactions and changing behaviors.

- The prevalence among males and females remains relatively unbalanced (88% males and 12% females by 2022).
- Certain regions, such as urban centers and transit hubs, exhibit higher transmission rates due to increased mobility.

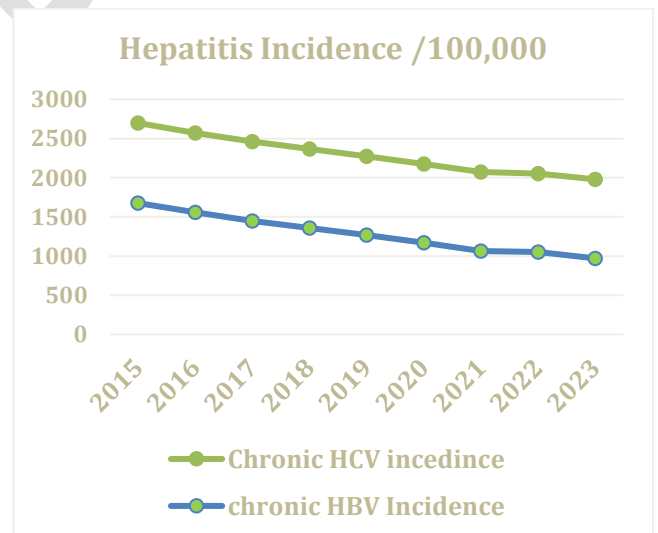
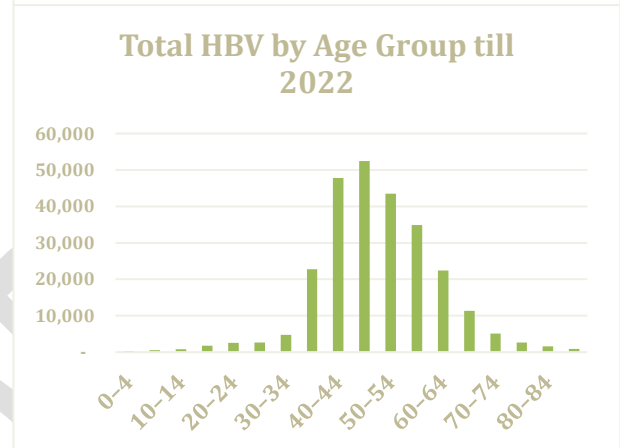
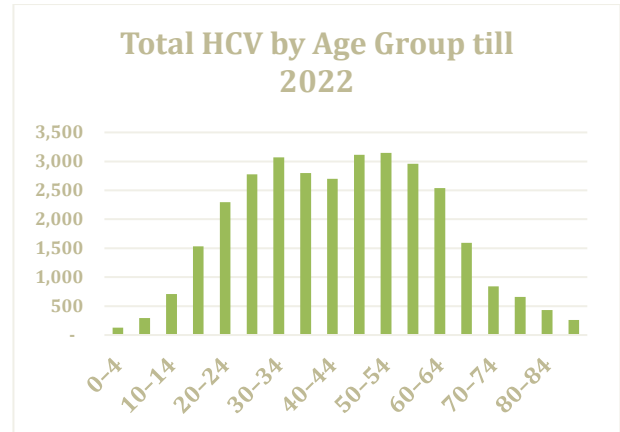
This demographic analysis underscores the need for targeted interventions that address specific age groups, geographical hotspots, and socioeconomically vulnerable communities in the pursuit of effective HIV control strategies in KSA.

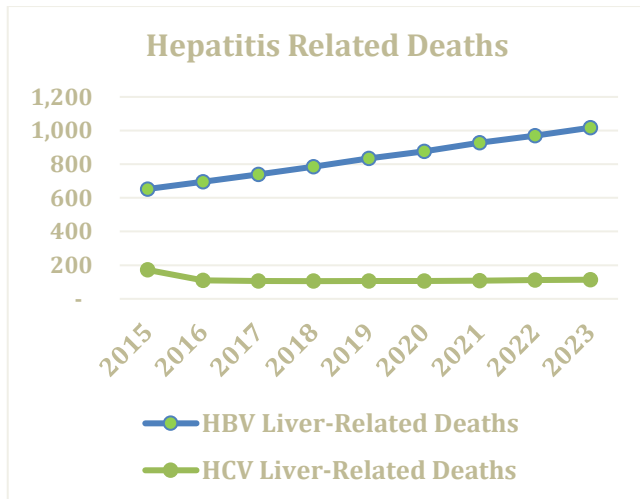
B. Viral Hepatitis Epidemiology

While there are different types of viral hepatitis (Hepatitis A, B, C, D, E), viral hepatitis B and C remain a public health priority in the country.

- Prevalence of hepatitis C is estimated to be 0.23% (Anti HCV) among total population with the majority of cases above age 35. (CDA Foundation estimate)
- Due to the availability of effective treatment for Hepatitis C, an elimination program started at 2017 to detect cases by mass screening and linkage of confirmed cases to treatment and care, about 20,500 cases were referred for treatment from 2015 – 2022.
- Saudi Arabia is on track for achieving hepatitis C relative or absolute impact and programmatic targets by 2030.
- Prevalence of hepatitis B is estimated to be 0.81% for (HBsAg) among total population with the majority of cases above age 35. (CDA Foundation estimate).
- Hepatitis B vaccination program for newborn started since 1991 reaching about 98% vaccine coverage.

The following graphs show hepatitis epidemiology:





C. Priority STIs Epidemiology

While the SP focus on multiple STIs, there are a group of priority infections in the context of the country. These include Gonorrhoea, Syphilis, Chlamydia, Herpes simplex virus (HSV) and trichomoniasis.

- Prevalence: No estimates available about the actual prevalence of these infections in the local context.
- Incidence: No estimates available.
- Data is scarce about mortality associated with STIs, as well as trend overtime.

3.2. Current response and Interventions

B. HIV Response and intervention:

Saudi Arabia initiated its response to HIV/AIDS in 1984 by launching extensive screening initiatives for blood donations and specific populations. In 1994, the National AIDS Programme (NAP) was founded within the MOH, with operational units spanning all 20 health regions. NAP has since played a pivotal role in formulating and executing programs and services for HIV prevention and treatment. These encompass public and youth education, voluntary counseling and testing, and the provision of antiretroviral treatment (ART) for people living with HIV (PLHIV). The National HIV Strategic Plan Outlines Saudi Arabia's HIV response strategy from January 2013 to December 2017. The plan focuses on enhancing the quality and reach of existing prevention, care, and treatment services while involving non-health sectors, civil society, and the private sector in tackling the epidemic. Key populations at risk face stigma, hindering their access to prevention services and information. Socio-economic and cultural changes, including labor migration, pose additional challenges.

Strengthening evidence, targeted prevention, reducing stigma, and ensuring comprehensive care are crucial areas for an effective response.

The SP was developed through inclusive consultations with national stakeholders, determining core priorities for HIV prevention and treatment. Despite low HIV prevalence in the country, the MENA region has seen rising infection rates, with newest cases in the 15-49 age range and predominantly among males. The 2018-2022 SP's priorities stem from data analysis, understanding drivers of the epidemic, and lessons from past programs. The plan focuses on five key areas to address the evolving landscape of the epidemic.

- Knowing your epidemic: strategic information for an evidence-informed response.
- Strengthening HIV prevention, with a clear focus on most-at-risk and vulnerable populations.
- Improving HIV case detection, and scaling up coverage, utilization and quality of treatment, care and support for PLHIV.
- Creating a supportive legal and policy environment for an effective HIV response; and
- Building organizational, institutional and technical capacity for an effective national response.

Within the legal space, a significant development occurred in 2018 when the Council of Ministers sanctioned the National Act on HIV/AIDS Prevention and Protection of Rights and Responsibilities of PLHIV. This comprehensive Act, comprising 29 clauses, ensures the safeguarding of the rights of PLHIV and their family members. Additionally, it outlines their responsibilities, guarantees essential care and support for PLHIV, and upholds their entitlement to pursue education and employment. Furthermore, HIV response was boosted by a Royal decision in 2018 issued by his Highness the King of Saudi Arabia to establish and enforce the HIV Primary Law as a foundational system to support the overall HIV response. In 2019, the Minister of Health issued an executive order to approve the executive regulations of the system of prevention of HIV and AIDS in the Kingdom. These policy frameworks are considered as cornerstone for the national response. In particular, the executive regulations are a comprehensive reference document, which has articulated all of policy actions that are needed to support an effective response.

Policies and guidelines are in place that focus on specific aspects of the national program, including blood safety, infection control in health-care settings,

HIV testing and counselling, antiretroviral treatment, and care and support for PLHIV. Given the expanding multi-sectoral nature of the national response, encompassing sectors like social affairs, education, uniformed services, labor, judiciary, religious affairs, and both governmental and non-governmental domains, there is a growing need for the establishment of appropriate coordination platforms.

C. Viral Hepatitis Response and Strategies:

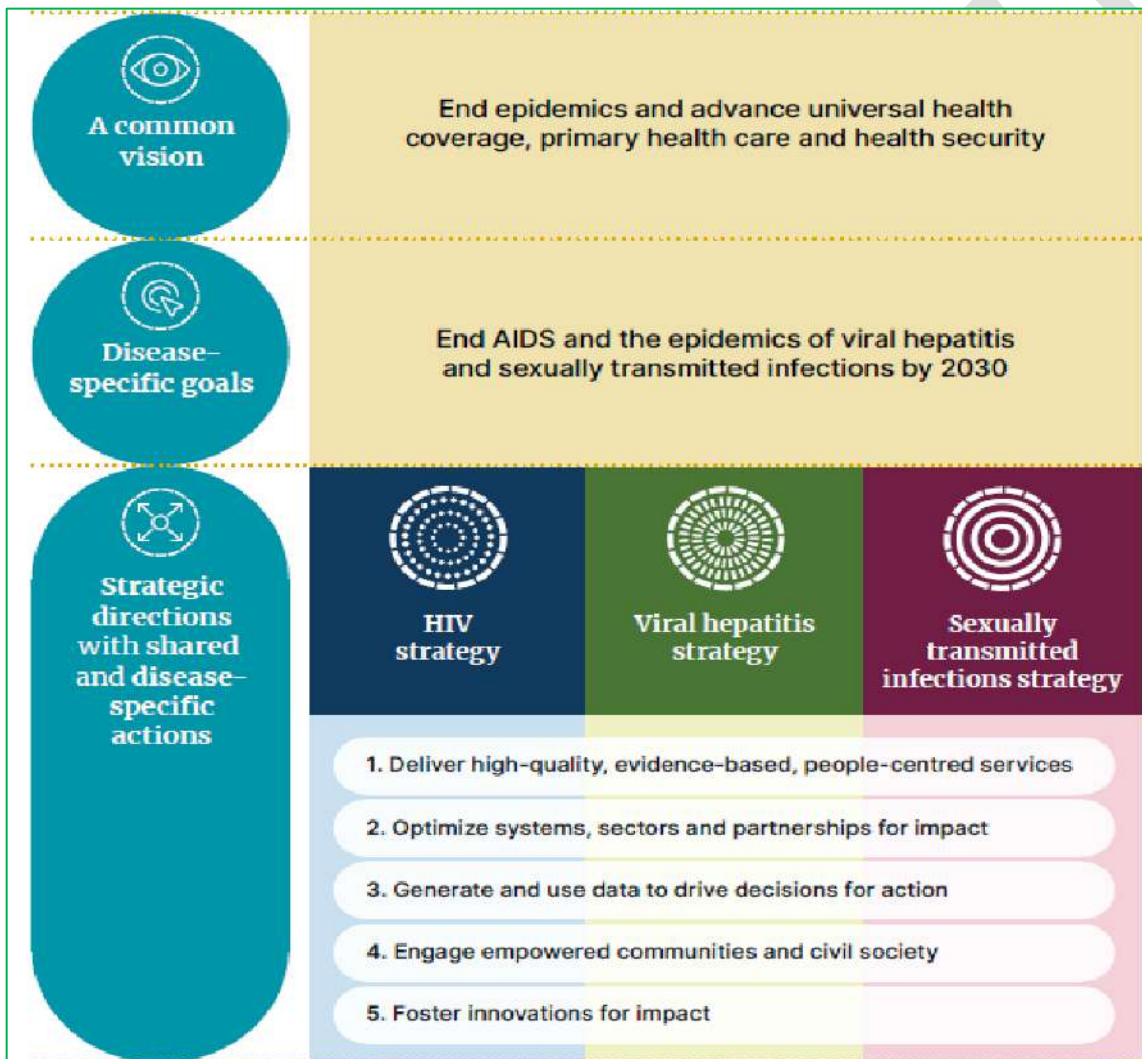
In response to the challenge of viral hepatitis, KSA has orchestrated a multifaceted strategy aimed at prevention, diagnosis, and treatment. MOH established its first strategic plan in 2016 until 2021. The comprehensive approach in the strategic plan encompasses both communicable and non-communicable strands of viral hepatitis, such as Hepatitis B and C. MOH's strategic blueprint entails targeted screening efforts, robust vaccination campaigns, improved access to diagnostics, and the implementation of advanced treatment modalities. The nation's commitment to viral hepatitis control is underscored by the integration of public health initiatives with clinical interventions, encompassing health education, early detection, and accessible healthcare services. By leveraging a coordinated response that unites various stakeholders, including governmental bodies, healthcare institutions, and public health organizations, KSA strives to curb the impact of viral hepatitis and enhance the overall health and well-being of its population. On the other hand, significant epidemiological data has been generated for viral hepatitis in KSA, with tangible declines in the prevalence of all 3 common viruses (HIV, HBV and HCV). However, many challenges still facing policy makers which include accurate estimates of prevalence in the general population, identifying risk factors of disease transmission, and local data on response to therapy and its impact on disease evolution.

In recognition of the enormity of the problem, MOH, aimed to develop the Kingdom's strategy on viral hepatitis as part of this SP with the goal of eliminating viral hepatitis as public health problem and focuses on the main components: prevention, testing, enhancing hepatitis treatment and chronic care, workforce, enabling environment, surveillance & monitoring and evaluation and research and innovation. Achieving such goal will not be possible without coordination, cooperating with alliances across different institutes and affiliations, involving patients and community partners, and most importantly having an enforcement power to guarantee the strategy's

implementation.

D. STIs Response and Strategies:

A comprehensive and targeted strategy is essential to streamline prevention and control measures, enhance surveillance systems, and promote public awareness. By establishing a well-defined plan, Saudi Arabia aims to harness its resources effectively, improve STI reporting mechanisms, and ensure the implementation of evidence-based interventions. This strategic shift is pivotal in safeguarding public health, fostering responsible sexual behavior, and promoting the overall well-being of the population.



4. Vision, goals & strategic directions

4.1. Vision:

Ending the epidemics of HIV, viral hepatitis B & C and Sexually Transmitted Infections and everyone has access to high-quality prevention, testing, treatment and care services, free of stigma and discrimination through integrated and people centered health system.

Saudi Arabia's 2024–2030 SP for controlling HIV, viral hepatitis, and STIs are grounded in a shared vision of eliminating these epidemics and promoting universal health coverage, primary health care, and health security. This vision aligns with the Kingdom's broader healthcare goals and the commitment to the well-being of all citizens.

4.2. Goals:

Goals for the Kingdom of Saudi Arabia's 2024-2030 Strategic Plan:

The goals and targets of the SP have been meticulously designed to align with the SDGs and the targets established by the Global Health Sector Strategies for HIV, Viral Hepatitis, and STIs (2023-2030). These reference frameworks provide a comprehensive and globally recognized roadmap for addressing these public health challenges. By harmonizing our SP objectives with these international standards, this ensure that the efforts are well-informed, evidence-based, and in harmony with the global health community's collective commitment to combating these diseases. The alignment with the SDGs underscores our dedication to holistic and sustainable health interventions, while adherence to the global health sector strategies signifies our commitment to leveraging international diseases no longer pose a public health threat. By adopting a unified approach, MOH aims to leverage the commonalities in addressing these infections, fostering an efficient, people-centered response that aligns with our national values and international obligations.

Strategic Directions for the Kingdom of Saudi Arabia's 2023-2030 Strategic Plan:

Here are the strategic directions that will steer the Kingdom of Saudi Arabia's national response to HIV, viral hepatitis, and STIs from 2023 to 2030:

1. Deliver high-quality, evidence-based, people-centered services
 - Utilize evidence-based guidance and innovative

expertise and experiences to tailor our approach to the unique context of Saudi Arabia. This alignment strengthens the effectiveness, impact, and accountability of our SP, positioning us for meaningful progress and improved health outcomes for our population.

Here are the Saudi Arabia's SP 2024-20230 main goals:

1. Reducing the spread of HIV, viral hepatitis B & C, and Sexually Transmitted Infections.
2. Reducing mortality and morbidity related to HIV, viral hepatitis B & C and Sexually Transmitted Infections.
3. Eliminating vertical transmission of HIV, syphilis and hepatitis B.
4. Reducing stigma, discrimination and other barriers to accessing services for HIV, viral Hepatitis B & C and Sexually Transmitted Infections.
5. Improve health system capacity for high quality people-centered services.
6. Accelerated progress in research and innovation for HIV, viral hepatitis B & C and Sexually Transmitted Infections.

4.3. Strategic directions:

Strategic Directions for the Kingdom of Saudi Arabia's 2023-2030 Strategic Plan:

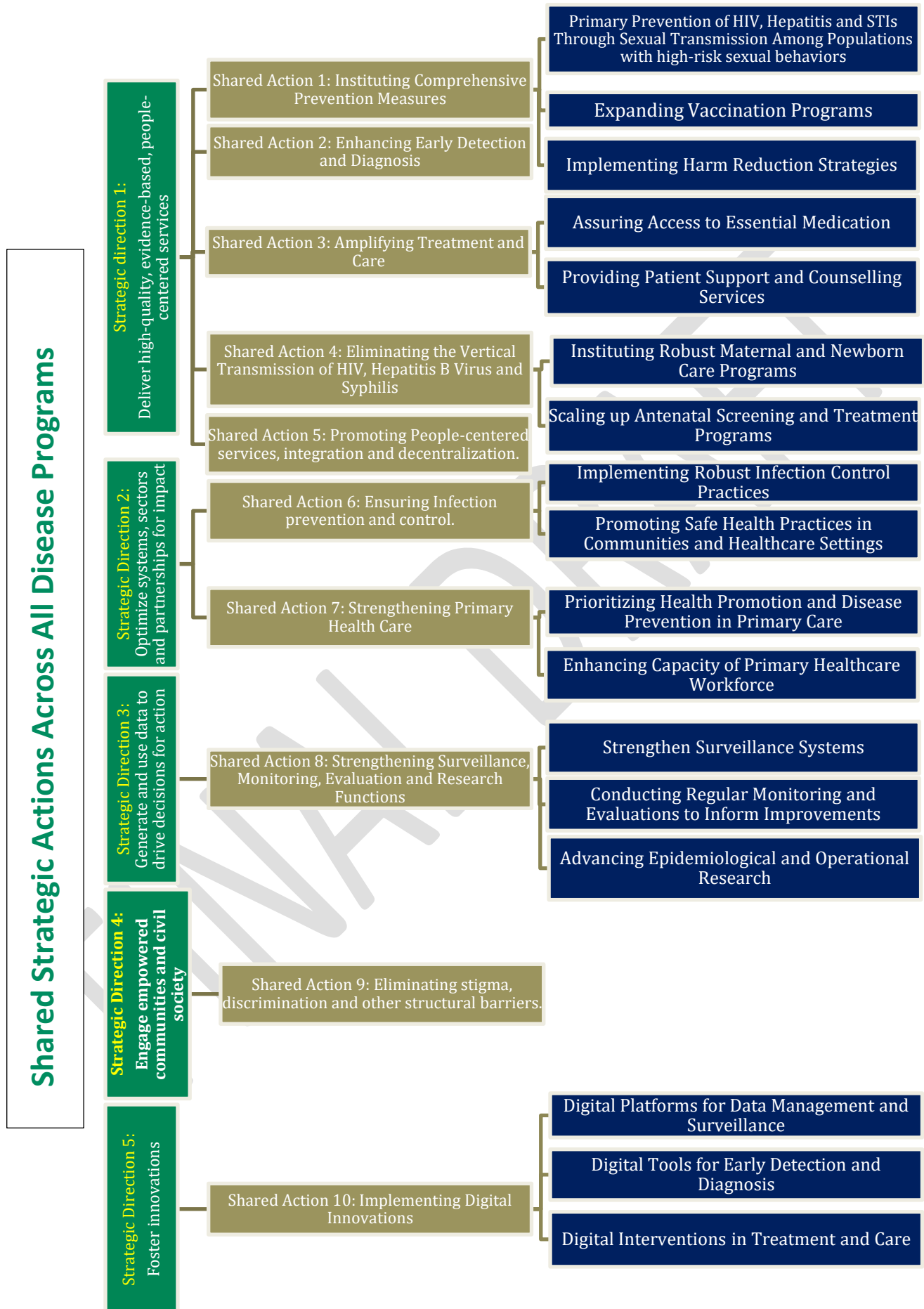
To achieve this vision, different strategic directions and actions have been identified. These actions act as guiding framework for the integrated and synergistic response to HIV, viral hepatitis, and STIs. They also underscore the need for collaboration across various health domains and sectors to ensure a coherent and effective strategy. These strategic actions are a vital part of the Kingdom's broader health landscape and reflect the commitment to a future where these

service delivery to fast-track access to high-quality essential services for HIV, viral hepatitis, STIs, and related health services.

- Tailor interventions to diverse populations and settings, ensuring equitable and inclusive care.
2. Optimize systems, sectors and partnerships for impact
 - Implement a comprehensive approach promoting alignment with primary health care, health governance, financing, workforce, and supply chain.
 - Foster multi-sector collaborations with funders, academic institutions, professional bodies, and the private sector to maximize outcomes.
 3. Generate and use data to drive decisions for action

- Systematically collect, analyze, and utilize data, disaggregated by factors such as sex and age, to guide actions, innovations, and policy decisions.
- Enhance data transparency and accountability in monitoring and evaluating progress.
- 4. Engage empowered communities**
- Actively involve communities, including affected populations, in advocacy, service delivery, and policymaking.
- Ensure culturally appropriate services and work towards reducing stigma, discrimination, and other social barriers.
- 5. Foster innovations for impact**
- Collaborate with national and global partners to shape research and innovation agendas.
- Prioritize the development of new technologies, service delivery models, and health system practices to overcome obstacles in combating HIV, viral hepatitis, and STIs.

FINAL DRAFT



Shared Strategic Actions Across All Disease Programs

Strategic direction 1

Deliver high quality, evidence-based, people-centered services

❖ Shared Action 1:

Instituting Comprehensive Prevention Measures

- Primary Prevention of HIV, Hepatitis and STIs Through Sexual Transmission Among Populations with high-risk sexual behaviors
- Expanding Vaccination Programs
- Implementing Harm Reduction Strategies

❖ Shared Action 2:

Enhancing Early Detection and Diagnosis

❖ Shared Action 3:

Amplifying Treatment and Care

- Assuring Access to Essential Medication
- Providing Patient Support and Counselling Services

❖ Shared Action 4:

Eliminating the Vertical Transmission of HIV, Hepatitis B Virus and Syphilis

- Instituting Robust Maternal and Newborn Care Programs
- Scaling up Antenatal Screening and Treatment Programs

❖ Shared Action 5:

Promoting People-centered services, integration and decentralization

4.4. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services

5.1.1. Shared Action 1: Instituting Comprehensive Prevention Measures

The comprehensive prevention strategy emphasizes culturally tailored approaches to address primary, secondary, and tertiary prevention, particularly for populations with high-risk sexual behaviors. Central to this strategy is the re-initiation of tailored primary prevention interventions, alongside updated assessments of prevalence, risk behavior, and comprehensive HIV/AIDS and STI programs.

The plan includes extensive education, biomedical approaches, and accessible services, adapted to local cultural and demographic contexts. Key activities

entail scaling up prevention, customizing services, employing technology, and integrating prevention with reproductive health. The strategy also underscores the importance of awareness, education through youth-friendly services, and communication strategies to mitigate stigma. Vaccination programs focus on HBV coverage, catch-up vaccination, and laboratory enhancements. For people who inject drugs, harm reduction strategies involve comprehensive services, research-based policy formulation, and expanding harm reduction services. The prevention strategy typically will consist of primary, secondary, and tertiary prevention measures. While some progress has been made on implementing prevention strategies, there remains an urgent need to revamp these strategies to suit cultural environment while effectively curbing the increase in new infections.

5.1.1.1. Primary Prevention of HIV, Hepatitis and STIs through Sexual Transmission among Populations with high-risk sexual behaviors

The following activities will be implemented during the course of the SP:

1. Implement safe sexual practices among sexually active key populations that are at higher risk to acquire and transmit these diseases.
2. Create youth-friendly health services incorporating HIV, STIs and sexual health, engaging youth in design.
3. Form a coordination task force among service providers for sustained students and youth-targeted services.
4. Strengthen the education sector's role, through Saudi Arabia's Ministry of Education, in HIV, viral hepatitis & STIs knowledge, prevention, and stigma reduction.
5. Conduct awareness campaigns to raise public understanding about hepatitis, HIV & STIs.
6. Enhance mentorship of stakeholders through on-the-ground and digital means.
7. Utilize social media to target specific population groups in Saudi Arabia.
8. Eliminate barriers to youth participation in all HIV, viral hepatitis & STIs-related services.
9. Ensure that health education messages address the underlying factors increasing HIV risk.
10. Develop and execute a targeted communication strategy aimed at diminishing stigma and discrimination.

5.1.1.2. Expanding Vaccination Programs Priority Strategies and Interventions:

Based on the strategic directions, the following

priority strategies and interventions are proposed:

1. Continued efforts to achieve and sustain high HBV vaccination coverage rates, especially the timely birth dose, are pivotal in preventing new infections.
2. Ensuring that all healthcare providers, including non-public entities, actively participate in monitoring and referring individuals for HBV and HPV vaccinations is essential for comprehensive coverage.
3. Ongoing investment in public health laboratories and research institutions will support the surveillance of HBV genotyping and viral mutations. This data is crucial for vaccine efficacy assessment and identifying emerging strains.
4. Analyzing investment scenarios for catch-up vaccination among high-risk adult populations helps tailor vaccination strategies to address specific groups' needs and vulnerabilities.
5. Revising case management guidelines for HBV-positive pregnant women and their infants in line with evolving WHO recommendations ensures that clinical practices remain aligned with the latest advancements in medical care.

5.1.1.3. Implementing Harm Reduction Strategies

The following activities will be implemented during the course of the SP:

1. Perform analysis and activities related to HIV and HCV epidemiology, disaggregating behavioural data.
2. Formulate a public health strategy to address injectable drug abuse within the Saudi context.
3. Evaluate current programs to assess readiness to offer an integrated service package for PWID.
4. Test the deployment of a complete package of harm reduction and HIV and HCV services on a larger scale determined by readiness assessments.
5. Enhance VCT centers' ability to support outreach programs and strengthen connections to PWIDs.
6. Establish "centers of excellence" among drug rehabilitation centers in partnership with governmental and non-governmental institutions to manage HIV and HCV treatment.
7. Educate (and advocate) both governmental and non-governmental organizations on HIV and HCV prevention in relation to harm reduction concepts and principles.
8. Provide training to prison staff on HIV, viral hepatitis and harm reduction measures.
9. Motivate national stakeholders to prioritize the implementation of robust harm reduction

programs, fostering collaboration between health and law enforcement.

10. Create a robust monitoring and evaluation system that emphasizes the entire cascade of harm reduction, including epidemiological factors.
11. Develop local skills and technical capacity in the Kingdom through collaborations with regional and international partners.

5.1.2 Shared Action 2: Enhancing Early Detection and Diagnosis

To improve diagnostic tool accessibility, the strategy leverages an extensive network of healthcare facilities. Innovative approaches include self-testing kits, online platforms for test ordering and results, mobile testing units for targeted areas, outreach programs, rapid point-of-care tests, integrating screening into routine healthcare, and partner notification services. These strategies are designed to be culturally appropriate and tailored to the specific context and needs of the country and population, with a focus on proper follow-up and care linkage for those who test positive.

Scaling up testing to increase diagnosis and treatment.

There are several innovative approaches to enhance the current diagnostic tools and methods for HIV, viral hepatitis and STIs. These include:

1. **Self-Testing Kits:** Provide self-testing kits for these diseases. Self-testing has been shown to be acceptable to many people, and it can reach individuals who might not otherwise access testing. For example, HIV self-testing is already being utilized in several countries and shows promising results.
2. **Online Platforms:** Online platforms can be used to facilitate testing. Individuals can order test kits online, do the test at home, and then mail the samples to a lab for analysis. The results can then be accessed online or delivered over the phone.
3. **Mobile Testing Units:** Mobile testing units can be used to reach populations in targeted areas, or areas where access to health facilities is limited. These can be used for mass screenings or targeted testing for high-risk groups.
4. **Outreach Programs:** Implement targeted outreach programs to reach certain populations. This could involve peer-led testing initiatives, where members of these communities are trained to conduct testing among their peers.
5. **Point-of-Care Testing:** Develop and implement rapid point-of-care tests that can provide results

in minutes. This can be especially useful in emergency rooms, maternity wards, or outpatient settings.

6. **Integrating Screening in Routine Healthcare:** Integrate screening for these diseases into routine health checks, prenatal care, and other healthcare visits. This can help normalize testing and reach a broader population.
7. **Partner Notification Services:** When an individual tests positive, offer services to anonymously inform their sexual and drug-using partners that they should get tested.

5.1.3 Shared Action 3: Amplifying Treatment and Care

This Action focuses on creating a patient-centered approach, aligning with WHO guidelines. Recognizing advancements in treatment availability, the focus is on ensuring adherence to national treatment guidelines and enhancing patient-centered care, particularly in the face of cultural sensitivities and social stigma.

5.1.3.1. Assuring Access to Essential Medication

It combines infrastructure improvement, comprehensive diagnosis and treatment, adherence to guidelines, and patient-centered care. This aligns with global efforts. Expanding treatment centers across regions and outreach programs will aid accessibility, especially for vulnerable groups.

5.1.3.2. Providing Patient Support and Counselling Services

Saudi Arabia commits to enhancing patient support for those with HIV, viral hepatitis, and STIs. This initiative addresses medical and emotional well-being, integrating counseling into healthcare. Public awareness campaigns will dispel misconceptions, further reducing barriers to seeking support.

The overall approach encompasses increasing patient education, ensuring confidentiality, reducing stigma in healthcare settings, and strengthening patient support systems.

5.1.4 Shared Action 4: Eliminating the Vertical Transmission of HIV, Hepatitis B Virus and Syphilis

The Ministry of Health (MOH) implements robust maternal and newborn care programs, aligning elimination of mother-to-child transmission interventions with national and international health goals, and ensuring safe delivery and follow-up for

exposed infants.

This approach includes public awareness campaigns, comprehensive family planning services, counseling for pregnant women and partners, and the use of digital technologies for patient engagement. Key strategies involve scaling up antenatal screening and treatment programs, enhancing data-driven evaluation of EMTCT programs, fostering multi-sectoral partnerships, and building a dedicated healthcare workforce. Collaboration with international partners and integrating EMTCT with broader maternal and child health services are emphasized to ensure a holistic approach. This comprehensive, multidimensional strategy requires persistent commitment, cross-sector collaboration, community engagement, and a focus on the needs of women and children to significantly reduce vertical transmission.

5.1.3.3. Instituting Robust Maternal and Newborn Care Programs

The MOH established a well-functioning system and mechanism for testing pregnant women for HIV, Syphilis and HBV. The tests are routinely offered at the first ANC visit to the health facility. The key actions include:

1. Ensure that EMTCT interventions align with national and international goals and commitments related to maternal and child health, HIV, HBV and Syphilis prevention.
2. Work with WHO for validation of the elimination of vertical transmission.
3. Ensure safe delivery and follow-up of exposed infants, including vaccinations for HBV.
4. Develop guidance and support for optimal infant feeding practices.
5. Monitor and evaluate EMTCT programs to identify challenges, success stories, and areas for improvement, using data-driven approaches to continuously adapt and optimize strategies.
6. Foster partnerships between health departments, education sectors, community organizations, and private entities to create a multi-sectoral approach to EMTCT.
7. Build a robust workforce of healthcare providers trained and motivated to deliver high-quality EMTCT services, including ongoing professional development, mentorship, and support.
8. Advocate for policy changes that prioritize EMTCT as a vital public health concern, ensuring alignment with broader health system strengthening and universal health coverage efforts.

5.1.3.4. Scaling up Antenatal Screening and Treatment Programs

MOH developed a comprehensive approach to implement strategies to eliminate MTCT of HIV, HBV and Syphilis. The guidance emphasizes the involvement of partner in PMTCT implementation approach among other strategies. The key actions for the next period include:

1. Develop and implement targeted public awareness campaigns to educate communities about the importance of early testing and treatment for pregnant women, and to reduce stigma around HIV, HBV and syphilis.
2. Provide comprehensive family planning services that are tailored to the needs and preferences of women living with HIV, including counseling on contraceptive options and safe pregnancy planning.
3. Provide counseling for pregnant women and their husbands and partners. Introduce or scale up telemedicine to provide ongoing support, consultation, and follow-up for pregnant women in areas with limited access to healthcare facilities.
4. Collaborate with international partners and other stakeholders to share best practices, leverage resources, and foster innovation in EMTCT strategies.
5. Promote the integration of EMTCT services with broader maternal and child health services, ensuring a holistic approach to the health and well-being of women and children.
6. Utilize digital technologies, such as mobile apps or SMS reminders, to enhance patient engagement, adherence to treatment, and follow-up care, particularly in hard-to-reach populations.

5.1.5 Shared Action 5: Promoting People-centered services, integration and decentralization.

The Strategic Plan focuses on promoting people-centered services, integration, and decentralization for HIV, viral hepatitis, and STIs.

The SP underscores the necessity of an integrated approach that addresses interconnections between communicable and non-communicable diseases, aiming for comprehensive healthcare delivery and improved health outcomes. Strategies include:

1. **Integration with Existing Health Systems:** Combine initiatives for HIV, viral hepatitis, and STIs within current healthcare structures. Ensure cohesive interaction between disease programs and general health services.
2. **Multi-Disciplinary Collaboration:** Encourage

partnerships among healthcare professionals, community leaders, NGOs, and governmental bodies. Form interdisciplinary teams to tackle interconnected challenges.

3. **Geographical Targeting:** Concentrate efforts and implement interventions with an understanding of each region's unique needs and risks.
4. **Family-Centered Approach:** Implement strategies that consider healthcare as a family matter, especially in cases of vertical transmission. Emphasize the importance of long-term family support.

**Strategic Direction 2:
Optimize systems, sectors and
partnerships for impact**

❖ **Shared Action 6:
Ensuring Infection prevention and
control.**

- Implementing Robust Infection Control Practices
- Promoting Safe Health Practices in Communities and Healthcare Settings

❖ **Shared Action 7:
Strengthening Primary Health Care**

- Prioritizing Health Promotion and Disease Prevention in Primary Care
- Enhancing Capacity of Primary Healthcare Workforce

**5.2 Strategic Direction 2:
Optimize systems, sectors and
partnerships for impact**

**5.2.1 Shared Action 6: Ensuring Infection
prevention and control.**

Addressing the critical issues of safe medical practices, infection control, and blood safety is of paramount importance to prevent disease transmission and ensure the well-being of the population. The existing healthcare landscape in KSA reflects a mix of progress and challenges in maintaining safe environments within health and other service settings. The transmission of viral hepatitis, mainly HCV, within healthcare settings in KSA requires ongoing focus and effort to eliminate such transmissions. Significant advancements have been made in quality and safety measures, resulting in a marked decrease in associated risks. From 1997 to 2007, several studies and reports drew attention to the issue, with particularly high prevalence rates noted among hemodialysis patients and some healthcare workers. By 2005, the implementation of numerous policies

and interventions within healthcare settings led to a significant reduction in the disease burden.

**55.2.1.1. Implementing Robust Infection Control
Practices**

Recognizing the need to ensure safe and hygienic healthcare environments, The Strategic Plan prioritizes the implementation of robust infection control practices to prevent the transmission of bloodborne diseases within healthcare settings. Activities in the next period include:

1. Continue to update and disseminate guidelines for healthcare facilities on standard precautions to prevent the transmission of bloodborne diseases during medical procedures.
2. Enhance and sustain infection prevention and control across public and private healthcare settings.
3. Conduct comprehensive training sessions for healthcare workers to ensure proper understanding and implementation of standard precautions.
4. Establish a monitoring mechanism to assess compliance with standard precautions and identify areas for improvement.
5. Implement stringent quality control measures for blood products, ensuring their safety and efficacy for transfusion.
6. Preserve high standards of services for hemodialysis patients within KSA and continuously monitor infection rates.
7. Establish a referral system for donors with positive screening results, facilitating confirmatory testing and appropriate care.

**55.2.1.2. Promoting Safe Health Practices in
Communities and Healthcare Settings**

Promoting safe health practices within communities and healthcare settings is a core strategy of the SP to prevent the transmission of bloodborne diseases and ensure the overall health and well-being of the population. Activities in the next period include:

1. Launch targeted public health campaigns to raise awareness about safe health practices, including proper disposal of medical waste, needle safety, and bloodborne disease prevention.
2. Strengthen information systems to monitor injection safety at the facility level within the Kingdom.
3. Incorporate safe health practices into the curriculum of healthcare training institutions to ensure a strong foundation for future professionals.
4. Establish a continuous learning framework that allows healthcare workers to stay updated on the latest advancements in safe health practices.
5. Foster partnerships between the public and private sectors to jointly promote safe health practices and prevent the transmission of bloodborne diseases.

- Utilize diverse communication channels, including social media and community workshops, to reach a broad audience.

5.2.2 Shared Action 7: Strengthening Primary Health Care

The Kingdom's response to strengthening PHC for the control of HIV, viral hepatitis, and STIs is embedded within a broader commitment to universal health coverage (UHC) and enhanced primary care delivery. Recognizing PHC as the cornerstone of a resilient health system, Saudi Arabia has undertaken strategic initiatives to address existing gaps and promote community-centered healthcare. To bolster PHC services, the Ministry of Health, in collaboration with key stakeholders, has developed policies and programs that integrate disease-specific interventions within the broader framework of primary care. The SP serves as the guiding compass, aligning objectives of controlling these diseases with broader UHC and PHC strengthening goals. One of the pivotal aspects of the national response is the integration of HIV, viral hepatitis, and STI services into PHC platforms. This approach facilitates a more holistic and accessible healthcare experience for individuals, promoting early detection, prompt treatment, and comprehensive care. By integrating disease-specific interventions, prioritizing community engagement, and expanding equitable access to essential services, the Kingdom efforts to create a healthcare landscape that effectively addresses the challenges posed by HIV, viral hepatitis, and STIs while advancing the overall health and well-being of its population.

5.2.2.1. Prioritizing Health Promotion and Disease Prevention in Primary Care

In the pursuit of comprehensive healthcare, placing a strong emphasis on health promotion and disease prevention within the realm of primary care is pivotal. By integrating health promotion and disease prevention into the core functions of primary care, the Kingdom can lay the foundation for a healthier population and a more resilient healthcare system. Activities in the next period include:

- Develop and implement comprehensive health promotion campaigns within primary care settings to raise awareness about HIV, viral hepatitis, and STIs. These campaigns should emphasize prevention, risk reduction, and early detection.
- Create patient-friendly educational materials on HIV, viral hepatitis, and STIs that can be distributed within primary care clinics. These materials should provide accurate information on transmission, prevention, and available services.
- Integrate routine screening for HIV, viral hepatitis, and

STIs into primary care visits, ensuring that individuals are regularly tested and provided with necessary counseling based on their risk factors.

- Develop standardized risk assessment tools that primary care providers can use to identify individuals at higher risk of contracting these diseases. This will enable tailored counseling and interventions.
- Strengthen immunization programs, especially for HPV & Hepatitis B, by ensuring that vaccinations are readily available within primary care settings and are offered to eligible individuals.
- Organize health literacy workshops for primary care providers to equip them with the skills to effectively communicate with patients about HIV, viral hepatitis, and STIs. This includes discussing prevention strategies and addressing patient concerns.

5.2.2.2. Enhancing Capacity of Primary Healthcare Workforce

MOH will empower primary care providers to deliver comprehensive and up-to-date care for these diseases. This SP outlines key strategies aimed at enhancing the knowledge, skills, and resources of primary healthcare professionals, ensuring that they are equipped to provide effective prevention, testing, treatment, and support services to individuals across the Kingdom. NSAP activities period include:

- Develop specialized training programs for primary care providers to enhance their knowledge and skills in diagnosing, treating, and managing HIV, viral hepatitis, and STIs.
- Implement mandatory continuing medical education programs that focus on updates in HIV, viral hepatitis, and STIs management, ensuring that primary care providers stay current with best practices.
- Integrate telemedicine platforms to enable primary care providers to consult with specialists for complex cases and receive guidance on disease management, ensuring that patients receive comprehensive care.
- Establish mentorship programs where experienced clinicians in HIV, viral hepatitis, and STI management provide guidance and support to less experienced primary care providers.
- Develop guidelines for task-shifting, enabling non-physician primary care providers to deliver certain aspects of care, such as counseling, testing, and treatment adherence support.
- Implement quality improvement initiatives that involve regular audits, feedback loops, and performance evaluations to enhance the overall quality of primary care services for these diseases.
- Provide primary care providers with access to digital tools, such as mobile applications, that offer decision support, clinical guidelines, and patient education resources for HIV, viral hepatitis, and STIs.

**Strategic Direction 3:
Generate and use data to drive decisions
for action**

❖ **Shared Action 8:**

**Strengthening Surveillance, Monitoring,
Evaluation and Research Functions**

- Strengthen Surveillance Systems
- Conducting Regular Monitoring and Evaluations to Inform Improvements
- Advancing Epidemiological and Operational Research

4.5. Strategic Direction 3: Generate and use data to drive decisions for action

5.3.1 Shared Action 8: Strengthening Surveillance, Monitoring, Evaluation and Research Functions

In the context of the SP to control HIV, viral hepatitis B & C, and STIs, the current state of surveillance, monitoring, evaluation and research functions plays a pivotal role in shaping the overall response strategy. Recognizing the interconnectedness of these health challenges, MOH has taken some steps to strengthen its surveillance systems and response mechanisms. The existing surveillance infrastructure in KSA provides a foundational understanding of the prevalence, incidence, and impact of HIV, viral hepatitis B & C, and STIs within the country. This surveillance and monitoring approach for HIV and viral hepatitis B & C is partially integrated within the broader health information system allows for the collection of data on nationally notifiable diseases. Healthcare providers across the nation contribute electronic data to MOH, as per the public health regulations in the country. The SP emphasizes the imperative to fortify the surveillance, monitoring, and evaluation functions for HIV, viral hepatitis B & C, and STIs. The goal is to establish a more comprehensive and efficient information system that integrates various components of surveillance, facilitates timely reporting, enhances data quality, and empowers evidence-based decision-making.

5.3.1.1. Strengthen Surveillance Systems

In search of a comprehensive approach to enhancing healthcare outcomes, the SP underscores the critical importance of continuous performance monitoring. Through surveillance and continuous monitoring, the MOH aims to ensure the success of its initiatives and

drive the Kingdom closer to its ambitious healthcare goals. Activities in the next period include:

1. integration of surveillance system with other systems e.g., HIS; and develop clear roles and responsibilities for data collection and reporting across different levels of the healthcare system, ensuring comprehensive coverage of surveillance activities.
2. Establishing behavioural surveillance system that capture more epidemiological data linked to risk behaviours.
3. Employ advanced data analytics and visualization tools to monitor disease trends, enabling timely identification of outbreaks and high-risk populations.
4. Implement real-time automated reporting from diagnostic laboratories, enabling faster data transmission and reducing reporting delays.
5. Strengthen coordination with private healthcare facilities to ensure their active participation in data reporting and surveillance activities.
6. Utilize technological innovations, such as mobile applications and digital platforms, to enhance data collection efficiency and accessibility for healthcare providers.

5.5.3.1.2. Conducting Regular Monitoring and Evaluations to Inform Improvements

By systematically assessing the effectiveness and impact of initiatives, the MOH aims to ensure that its efforts remain aligned with the evolving needs of the population and continuously advance the quality of healthcare services. Activities in the next period include:

1. Develop a comprehensive evaluation framework that outlines key performance indicators (KPIs) for surveillance, monitoring, and evaluation functions related to HIV, viral hepatitis, and STIs.
2. Establish a systematic schedule for conducting regular evaluations of surveillance and monitoring activities, aiming to assess data quality, coverage, and programmatic impact.
3. Collaborate with international experts and organizations to conduct external assessments of surveillance systems, providing an unbiased evaluation of performance.
4. Engage in continuous feedback mechanisms with healthcare providers, laboratories, and stakeholders to identify challenges and areas for improvement in data collection and reporting.
5. Implement innovative evaluation methodologies, such as participatory evaluations and rapid assessments, to capture insights from affected communities and healthcare professionals.
6. Disseminate evaluation findings widely within the healthcare system to facilitate evidence-based decision-making and programmatic adjustments.

7. Establish a dedicated evaluation unit within the MOH to oversee the design, implementation, and reporting of evaluations, ensuring their integration into strategic planning.

5.3.1.3. Advancing Epidemiological and Operational Research

By fostering a culture of research-driven decision-making, the MOH aims to ensure that its efforts remain grounded in data-driven insights, thereby advancing the Kingdom's public health goals. List of priority research topics will be included in the operational plan of this SP.

Activities in the next period include:

1. Establish a comprehensive research framework that outlines the priority research areas related to HIV, viral hepatitis (HBV and HCV), and STIs.
2. Establish or strengthen collaborations with local and international research institutions, academia, and public health agencies to harness diverse expertise and resources.
3. Initiate longitudinal studies to track disease progression, treatment responses, and trends in affected populations over time.
4. Conduct operational research to evaluate the effectiveness of programmatic strategies and interventions outlined in the SP.
5. Employ state-of-the-art data collection methodologies, including electronic health records, patient registries, and disease-specific surveillance systems, to capture comprehensive and accurate data.
6. Embrace participatory research approaches that engage affected communities, healthcare providers, and stakeholders in the research process.
7. Promote the widespread dissemination of research findings through peer-reviewed publications, conferences, and stakeholder engagement.
8. Ensure that research findings are systematically integrated into the development and refinement of the SP strategies.

Strategic Direction 4:

Engage empowered communities and civil society

❖ Shared Action 9:

Eliminating stigma, discrimination and other structural barriers.

4.6. Strategic Direction 4: Engage empowered communities and civil society

5.4.1. Shared Action 9: Eliminating stigma, discrimination and other structural barriers.

Saudi Arabia focuses on eradicating stigma, discrimination, and structural barriers related to HIV, viral hepatitis, and STIs. The strategy includes raising awareness to dispel myths and foster empathy, forming multi-sectoral partnerships for societal change, and advocating for legal and policy reforms to ensure rights and prevent discrimination.

Emphasizing community engagement and empowerment, it aims to amplify the voices of affected individuals and integrate stigma reduction in healthcare quality assessments. The plan advocates for equal treatment, challenges systemic obstacles through collaborative efforts, and promotes integrated healthcare services to improve access and outcomes for all, regardless of health status.

Stigma and discrimination towards PLHIV & STIs usually impact the well-being and hinders the success management course. Misconceptions about HIV transmission and societal biases contribute to this issue. STIs/HIV/AIDS is linked to socially unacceptable behaviors, leading to prejudice and social rejection.

**Strategic Direction 5:
Foster innovations for impact**

❖ **Shared Action 10:**

Implementing Digital Innovations

- Digital Platforms for Data Management and Surveillance
- Digital Tools for Early Detection and Diagnosis
- Digital Interventions in Treatment and Care

4.7. Strategic Direction 5: Foster innovations for impact

5.5.1 Shared Action 10: Implementing Digital Innovations

In Saudi Arabia, digital innovations are revolutionizing healthcare to tackle the challenges of HIV, viral hepatitis B & C, and STIs. Leveraging the nation's commitment to technology and modernization, these innovations aim to enhance health services and outcomes. While the healthcare system has made progress, barriers persist, including stigma, limited awareness, and diagnostic gaps. To overcome these challenges, Saudi Arabia is harnessing its digital infrastructure to create a connected health ecosystem. Digital solutions bridge gaps, reach underserved populations, and boost care quality. Digital innovations align with the control of these diseases and are part of the Vision 2030 initiative, emphasizing technology-driven transformation. Digital tools are being used for health promotion, awareness, and education. Virtual mapping, online surveys, and targeted digital communication reach specific demographics, breaking down stigma-related barriers. Wearable devices, mobile apps, and telemedicine facilitate remote monitoring, consultations, and early intervention. Digitizing health records and using electronic systems improve healthcare worker support, leading to evidence-based decisions and better patient care. Saudi Arabia's commitment to digital innovation in healthcare strengthens healthcare access, outcomes, and capacity to address these critical health issues.

5.5.1.1. Digital Health Solutions for Prevention and Awareness

9. Organize regular webinars and podcasts targeting specific demographics to raise awareness about HIV, viral hepatitis, and STIs. Collaborate with experts and influencers to deliver accurate information.
10. Develop user-friendly mobile apps that provide interactive, multimedia health education content.

Include gamified quizzes, videos, and infographics to enhance understanding of prevention measures and safe practices.

11. Launch social media campaigns featuring compelling visuals, relatable stories, and interactive challenges. Encourage users to share personal experiences and preventive strategies to increase community engagement and awareness.

5.5.1.2. Digital Tools for Early Detection and Diagnosis

12. Create an AI-driven symptom checker accessible through mobile apps or websites. Users can input symptoms to receive instant guidance on whether further testing is recommended, aiding in early detection.
13. Establish a telehealth platform allowing users to schedule virtual appointments with healthcare providers for test consultations. Enable e-prescriptions and digital test result delivery for swift follow-up actions.

5.5.1.3. Digital Interventions in Treatment and Care

14. Set up virtual support groups through video conferencing platforms. Provide a safe space for individuals living with HIV, viral hepatitis, and STIs to share experiences, receive emotional support, and exchange coping strategies.
15. Develop a medication management app that sends reminders for doses, tracks adherence, and offers personalized medication schedules. Integrate features for virtual consultations with healthcare providers to address treatment-related concerns.
16. Create AI-powered mental health apps that offer cognitive-behavioral therapy, relaxation techniques, and mood tracking. Tailor interventions to individuals' emotional well-being, particularly relevant for those managing chronic diseases.

5.5.1.4. Digital Platforms for Data Management and Surveillance

17. Establish a secure, centralized health data portal accessible to authorized healthcare providers. Enable real-time data sharing and exchange for HIV, viral hepatitis, and STI cases to facilitate coordinated responses.
18. Develop automated systems that generate alerts when certain thresholds of disease occurrence are surpassed. This will enable timely interventions and resource allocation, particularly in high-risk areas.
19. Implement predictive analytics models that analyse historical and real-time data to forecast potential disease outbreaks. Use these insights to proactively allocate resources and implement targeted preventive measure.

Diseases Specific Actions

HIV

Viral Hepatitis

STD

Strategic Direction 1

Deliver high-quality, evidence-based, people-centered services

action 11: Enhancing Access to PrEP and PEP

Action 12: Comprehensive Support for Newly Diagnosed Individuals

Strategic Direction 2:
Optimize systems, sectors and partnerships for impact

Action 13: Tailored Messaging for Religious and Cultural Sensitivity

Action 15: Focus on Vaccination: Hepatitis B and Beyond in the KSA

Action 16: Training Healthcare Providers: Strengthening Expertise in Viral Hepatitis Diagnosis and Care

Action 17: Evolution of Viral Hepatitis B & C Treatment Landscape in Saudi Arabia

Action 19: Promoting Open Dialogue and Education About Sexual Well-being

Action 20: Expanding Preventive Measures and Examination

Action 21: Assuring Access to Essential Medication

Strategic direction 3:
Generate and use data to drive decisions for action

Action 22: Enhancing Health Data Systems to Shape STI Strategies

Strategic Direction 4:

Engage empowered communities and civil society

Action 14: Targeted Peer-Led Outreach

Action 18: Screening Programs for High-Risk Groups: Establishing Comprehensive and Confidential Testing

Indicators	Baseline	Baseline year	Target 2027	Target 2030
Number of people newly infected with HIV per 1,000 uninfected population per year	0.04	2022	0.03	0.01
AIDS related death per 100,000 population	0.3	2022	0.2	0.1
Percentage of people living with HIV who know their status	91%	2022	93%	95%
Percentage of people who know their HIV-positive status are accessing antiretroviral therapy	90%	2022	93%	95%
Percentage of people living with HIV, receiving treatment, who have suppressed viral loads	90%	2022	93%	95%

5. HIV Specific Actions

5.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services

6.1.1. Action 11: Enhancing Access to PrEP and PEP:

20. Introduce and promote the availability of Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) as effective tools for preventing HIV transmission among high-risk populations.
21. Examine and resolve demand-side barriers to PrEP uptake within Saudi's unique cultural and social context.
22. Actively consult and engage with communities at risk to decide whether to include PrEP and PEP in targeted prevention programs.
23. Provide clear and accessible information about PrEP and PEP, including their benefits, availability, and where to access them.

6.1.2. Action 12: Comprehensive Support for Newly Diagnosed Individuals:

24. Collaborate with community organizations to offer psychosocial support.
25. Develop a hotline or online platform for information and immediate assistance.

5.2. Strategic Direction 2: Optimize systems, sectors and partnerships for impact

6.2.1. Action 13: Tailored Messaging for Religious and Cultural Sensitivity:

26. Develop communication materials and campaigns that respect Islamic values and cultural norms, ensuring the messaging resonates with the Saudi context.
27. Collaborate with religious leaders and influencers to endorse prevention messages within a religious framework.

5.3. Strategic Direction 4: Engage empowered communities and civil society

6.3.1. Action 14: Targeted Peer-Led Outreach:

28. Implement peer-led outreach programs to reach key populations with culturally sensitive information, resources, and services.
29. Engage peer educators to establish trust and facilitate open discussions about HIV prevention.

Enhancing Adherence through Innovative Approaches:

30. Pilot patient reminder apps and telemedicine services for remote consultations.

Strengthening Laboratory Capacity for Viral Load Monitoring:

31. Invest in laboratory equipment and reagents for viral load testing.
32. Ensure routine viral load monitoring according to WHO recommendations.
33. Establish coordination mechanisms for timely testing and result reporting.

Indicators	Baseline	Baseline year	Target 2027	Target 2030
Hepatitis B surface antigen prevalence among children younger than five years	0.01	2022	<0.01%	<0.01%
Percentage of people infected with HCV diagnosed	82%	2022	86%	90%
Percentage of people infected with HBV diagnosed	23%	2022	60%	90%
Percentage of HCV cases treated	72%	2022	76%	80%
Percentage of people treated from Hepatitis C cured	95%	2022	95%	>95%
Percentage of treated HBV cases who are eligible for treatment	31%	2022	60%	80%

6. Viral Hepatitis Specific Actions

The KSA SP outlines a robust Viral Hepatitis Control Strategy to address the significant public health challenge posed by HBV and HCV infections. The strategy is structured around four pillars: prevention, diagnosis, treatment, and care, and guided by core principles of evidence-based interventions, collaboration, equity, innovation, and adaptability.

Key points:

The strategy recognizes the need to confront HBV and HCV collectively, understanding that their distinct modes of transmission share common challenges in prevention and control. The strategy aims to reduce the burden of viral hepatitis in KSA by not only curtailing new infections but also ensuring timely diagnosis, equitable access to high-quality treatment, and compassionate care for affected individuals.

The strategy is aligned with both national healthcare priorities and global initiatives.

The Viral Hepatitis Control Strategy is a comprehensive and well-conceived framework that demonstrates KSA's commitment to addressing the burden of viral hepatitis and enhancing the health and well-being of its population.

6.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services

7.1.1. Action 15: Focus on Vaccination: Hepatitis B and Beyond in the Kingdom of Saudi Arabia

The Kingdom stands as a testament to the power of vaccination in combating viral hepatitis. The success of the Hepatitis B vaccination program in KSA is a remarkable milestone in the nation's public health efforts. Particularly noteworthy is the commendable achievement of achieving high coverage rates, especially among infants. The program's

implementation has resulted in a substantial reduction in the incidence of chronic Hepatitis B infections among children under five years of age. This achievement underscores KSA's commitment to preventing new infections and protecting the health of its youngest citizens.

7.1.2. Action 16: Training Healthcare Providers: Strengthening Expertise in Viral Hepatitis Diagnosis and Care

Through the training of healthcare providers, KSA's SP seeks to achieve broader public health goals. By ensuring that medical professionals are well versed in viral hepatitis, the strategy aims to contribute to the reduction of transmission rates, the improvement of health outcomes, and the overall well-being of the population. Furthermore, this initiative aligns with KSA's commitment to strengthening its healthcare workforce and enhancing the nation's healthcare infrastructure.

KSA's focus on training healthcare providers within the SP is a testament to its dedication to combating viral hepatitis. By prioritizing education and fostering expertise, the strategy aims to enhance diagnostic accuracy, promote effective management, and advance public health goals. Through these efforts, KSA seeks to create a healthcare environment where individuals affected by viral hepatitis receive timely and competent care, contributing to a healthier and more resilient society.

The Viral Hepatitis Strategy will deploy the following strategies and actions in the next period.

1. Develop comprehensive training programs for healthcare professionals to enhance early diagnosis of viral hepatitis cases.
2. Educate healthcare providers about the importance of timely testing, accurate diagnosis, and appropriate referral for treatment and care.
3. Offer specialized training for interpreting test results and differentiating between Hepatitis B and C

infections.

7.1.3. Action 17: Evolution of Viral Hepatitis B & C Treatment Landscape in Saudi Arabia

The treatment landscape for viral hepatitis in Saudi Arabia has undergone a transformative evolution, marked by substantial advancements in medical science and therapeutic interventions. The Viral Hepatitis Strategy acknowledges the remarkable progress achieved through the development of highly effective antiviral therapies, providing a beacon of hope for individuals living with Hepatitis B and C.

The introduction of the DAAs for Hepatitis C has brought about a watershed moment in the treatment landscape. The SP highlights the fact that Hepatitis C can now be cured in most cases with DAAs. These revolutionary therapies offer a beacon of hope for individuals living with Hepatitis C, promising not only an improved quality of life but also the possibility of complete viral eradication. However, the SP also underscores the need for broader access to these therapies, as currently. The strategy prioritizes expanding access to DAAs and ensuring that all diagnosed patients have an opportunity for treatment.

While the treatment landscape has witnessed remarkable progress, the SP acknowledges the existing gaps in treatment coverage. These gaps are particularly pronounced in rural areas where healthcare facilities may lack the necessary infrastructure and resources. The SP is committed to addressing these disparities, aiming to ensure equitable access to treatment options across the country. By enhancing healthcare infrastructure, decentralizing treatment services, and leveraging innovative funding opportunities, the strategy seeks to eliminate treatment coverage gaps and ensure that all individuals living with viral hepatitis have the chance to access the life-changing therapies they need.

The Viral Hepatitis Strategy will deploy the following strategies and actions in the next period:

The SP underscores the importance of integrating viral hepatitis care with existing healthcare systems, particularly primary health care, HIV, and prison health services. This integration is grounded in the recognition that individuals with viral hepatitis may have multiple healthcare needs, and a seamless collaboration between different sectors is essential for comprehensive and patient-centered care. By embedding viral hepatitis services within broader

health frameworks, Saudi Arabia aims to enhance coordination, improve service delivery, and optimize resource utilization.

6.2. Strategic Direction 4: Engage empowered communities

7.2.1. Action 18: Screening Programs for High-Risk Groups: Establishing Comprehensive and Confidential Testing

In the Kingdom of Saudi Arabia, addressing the challenges posed by viral hepatitis, particularly Hepatitis B and C, necessitates a proactive approach in identifying individuals at higher risk of infection. As part of the SP to control HIV, viral hepatitis, and STIs, the emphasis on early detection and intervention through regular screening programs for high-risk groups stands as a crucial component. This strategic initiative aims to curtail the spread of infections and reduce the burden of viral hepatitis in the country.

Achieving successful implementation of regular screening programs requires collaborative efforts from various stakeholders, including healthcare providers, public health agencies, and community organizations. An essential aspect of this initiative is the training of healthcare professionals to effectively administer tests, interpret results, and provide appropriate guidance and support to individuals undergoing screening. Ensuring that healthcare providers are equipped with up-to-date knowledge about viral hepatitis and are skilled in offering nonjudgmental care can contribute to a positive testing experience and increased participation.

KSA's approach to establishing regular screening programs for high-risk groups within the SP signifies a commitment to early detection and intervention for viral hepatitis. By emphasizing privacy, confidentiality, and collaboration, the strategy aims to encourage individuals to undergo testing, thereby reducing transmission rates and mitigating the impact of viral hepatitis on public health.

The Viral Hepatitis Strategy will deploy the following strategies and actions in the next period:

Access to Testing and Diagnostics:

4. Implement guidelines to improve access to point-of-care testing options, particularly in underserved and remote areas.
5. Ensure the availability of standard laboratory tests for initial diagnosis of both Hepatitis B and C infections.
6. Establish standardized protocols for requesting and conducting viral hepatitis tests, ensuring consistency and accuracy.

Optimized Testing Strategies:

7. Prioritize targeted screening efforts for high-risk populations, aligning with the burden of disease, equity considerations, and cost-effectiveness.
8. Explore the implementation of mass screening initiatives in areas of high prevalence, guided by evidence-based best practices.
9. Consider regular screening groups, such as first-degree relatives of people with HIV, kidney failure patients, and individuals who perform high-risk practices like unauthorized cupping or tattooing.

FINAL DRAFT

Indicators	Baseline year	Target 2025	Target 2030
Number of new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis among people 15–49 years old per year	2022	20% reduction	20% reduction
Number of new cases of syphilis among people 15–49 years old per year	2022	20% reduction	20% reduction
Reported congenital syphilis cases per 100 000 live births in the 12-month reporting period	2022	<50	<20
Number of men reporting urethral discharge in the past 12 months	2022	10% reduction	20% reduction
Rate of laboratory-diagnosed gonorrhoea among men in countries with laboratory capacity for diagnosis	2022	<500 per 100,000 men	<250 per 100,000 men
Percentage of women attending antenatal care services who received syphilis testing.	2022	100%	100%
Percentage of women attending antenatal care services who had a positive syphilis serology and who were treated adequately.	2022	>95%	>95%

7. Sexually Transmitted Infections Specific Actions

Saudi Arabia's SP for STIs is a comprehensive approach to combating STIs and promoting sexual health. The SP focuses on prevention, diagnosis, and treatment, with a commitment to public awareness and education, timely diagnosis, and accessible and high-quality treatment. The SP also acknowledges the emerging prevalence of antibiotic resistance in STIs and emphasizes the importance of vigilance and adaptation in the face of evolving challenges.

Key points:

- **Prevention:** The SP aims to foster a culture of open dialogue around sexual health and promote protective behaviors.
- **Diagnosis:** The SP aims to expand screening protocols and emphasize quality assurance in diagnostic procedures.
- **Treatment:** The SP seeks to enhance the healthcare system's capacity to deliver affordable treatment for STIs and provide psychosocial support for individuals diagnosed with STIs.

Antibiotic resistance: The SP emphasizes the importance of monitoring antibiotic resistance patterns and updating treatment protocols.

Priority populations for sexually transmitted infections:

The SP's holistic approach aligns with global health trends and demonstrates Saudi Arabia's dedication to the health and well-being of its population.

Informed by localized epidemiological data, the targeted interventions are strategically directed towards specific population groups to ensure the

greatest impact and sustainability of our response.

1. **Sexual Transmission:** Implement prevention, education, and treatment strategies aimed at young people, sexually active high-risk groups, those in closed settings, etc.
2. **Substance Abuse:** Provide harm reduction and treatment services for those who inject and use drugs.
3. **Women and Children:** Focus on pregnant and breastfeeding women, children exposed to vertical transmission.
4. **Vulnerable Populations:** Develop strategies to reach migrants, mobile people, and partners of infected individuals.

7.1. Strategic Direction 1: Deliver high-quality, evidence-based, people-centered services

8.1.1. Action 19: Promoting Open Dialogue and Education About Sexual Well-being

The goal of this strategy is to cultivate an atmosphere that encourages open dialogues about sexual health, empowers individuals to embrace protective sexual behaviors, and ensures access to necessary treatment for STIs. The primary goal of new initiatives is to foster a societal shift towards embracing open discussions about sexual well-being. This entails challenging stigmas, misinformation, and traditional taboos that have inhibited conversations around this critical aspect of health. By doing so, KSA aims to empower individuals, irrespective of sex, age, or cultural background, to take charge of their sexual health and

make informed decisions that contribute to overall well-being.

To achieve this ambitious goal, a multifaceted approach is essential, involving active engagement with religious leaders, community influencers, educators, and healthcare providers. Including sexual education within the curriculum, sensitively tailored to cultural and religious norms, can provide a foundation for informed decision-making in the future. Collaborating with healthcare providers is equally crucial, as they serve as the frontline of information and care. Offering specialized training to

medical professionals ensures they can address sexual health inquiries with sensitivity, respect, and free from judgment. A key aspect of this approach involves designing and executing public outreach campaigns that make conversations about STIs, their prevention, and care commonplace. Utilizing a variety of media channels, including digital platforms, radio, and community gatherings, these campaigns aim to gradually dismantle the barriers that have constrained discussions about sexual well-being. This transformation in approach aligns with KSA's commitment to holistic public health and acknowledges the importance of open, respectful conversations around sexual well-being.

8.1.2. Action 20: Expanding Preventive Measures and Examination

KSA aims to significantly enhance STIs and cervical cancer screening and broaden access to STI testing for high-risk individuals, in conducting these screening, the SP is committed to respecting privacy and cultural considerations, ensuring cultural sensitivity and encouraging participation while addressing potential barriers.

To achieve this ambitious goal, a comprehensive and multi-stages approach will be devised, emphasizing a range of initiatives tailored to the unique context of KSA. A key facet of expanding preventive measures and examination is the commitment to reach vulnerable communities through increased testing services. By enhancing accessibility to STI testing in both urban and rural areas, KSA acknowledges that health equity is integral to the success of its public health initiatives. Respecting privacy and cultural norms while conducting testing is paramount, ensuring that individuals can access care without fear of stigma or discrimination.

The other strategic goal is to establish a comprehensive diagnostic system that ensures accurate, consistent, and reliable STI detection across all healthcare facilities. This initiative aims to optimize STI diagnosis for effective disease management. The

SP focuses on standardizing diagnostic quality across all healthcare facilities, eliminating accuracy disparities between urban and rural centers. This approach ensures that individuals in diverse locations receive equally accurate diagnoses, promoting equitable access to quality healthcare services.

The SP emphasizes the importance of routine STI checks as a core element of comprehensive healthcare services. It collaborates with healthcare providers to make regular STI testing accessible to all seeking healthcare. This aligns with KSA's commitment to proactive public health measures, aiming to integrate STI checks into individual healthcare practices. By engaging healthcare professionals across various settings, the strategy empowers them to educate patients about the significance of regular testing and address stigmas related to STIs. The SP aims to normalize routine STI checks, encouraging individuals to view them as proactive measures for their sexual health and overall well-being. This normalization extends to healthcare facilities throughout the Kingdom, where routine STI testing becomes an integral part of their services.

8.1.3. Action 21: Assuring Access to Essential Medication

The SP strongly emphasizes ensuring widespread access to affordable STI treatment across the nation, aligning with KSA's commitment to public health. To achieve this, the strategy focuses on enhancing healthcare infrastructure and resources to support effective treatment. It recognizes the importance of addressing not only physical but also emotional and psychological well-being. The SP promotes accessibility through community-based initiatives, mobile clinics, and integration with existing healthcare services, reducing stigma and encouraging individuals from all backgrounds to seek treatment. This holistic approach aims to improve overall quality of life and reduce social and economic burdens associated with STIs.

The SP addresses the concerning issue of antibiotic resistance in infections like gonorrhea. Antibiotic resistance occurs when bacteria become resistant to treatment, making infections harder to manage. To combat this, the strategy emphasizes ongoing monitoring of resistance patterns and updating treatment guidelines to ensure effective treatment options. By staying vigilant and adapting to changes in resistance, the SP aims to provide up-to-date recommendations for healthcare providers. It also promotes responsible and evidence-based antibiotic use to prevent further resistance development.

The SP aims to improve STI services by collaborating with private healthcare providers. By forming partnerships between the public and private sectors, the strategy envisions a more comprehensive and accessible healthcare system for STIs. This collaboration acknowledges the valuable resources and expertise that the private sector can bring to enhance the reach and quality of STI services.

7.2. Strategic direction 3: Generate and use data to drive decisions for action

8.2.1. Action 22: Enhancing Health Data Systems to Shape STI Strategies

This strategy aims to enhance the national health information infrastructure for comprehensive data collection, examination, and utilization. The goal is to improve KSA's health information systems, enabling timely data collection and insightful utilization. This data-driven approach will shape healthcare policies and resource distribution, enhancing the response to STI challenges. This includes upgrading data collection for STIs to capture a comprehensive view of prevalence and trends. To strengthen this process, MOH plans to collaborate with governmental agencies, research institutions, and global organizations. These alliances bring diverse expertise and enhance data credibility through scrutiny, validation, and refinement. This approach aligns with KSA's commitment to holistic healthcare

8. Implementation Approach

The national health strategy for the Kingdom of Saudi Arabia proposes a unified and detailed set of guidelines to aid in the creation and execution of scientifically informed measures to eradicate HIV, viral hepatitis, and STIs within the country. Acknowledging the common elements and unique aspects across these health challenges, the plan encourages a blend of shared and specialized activities to attain the maximum benefit, administered through harmonized and cohesive methods whenever appropriate and relevant within a patient-focused universal healthcare framework.

8.1. The Governance Framework:

Within the context of implementing the SP to control HIV, viral hepatitis, and STIs in Saudi Arabia, a robust governance framework is essential to ensure effective planning, coordination, monitoring, and evaluation of the strategies and interventions outlined in the SP. The governance framework provides the structure and mechanisms for decision-making, accountability, and collaboration among various stakeholders involved in the implementation process. Here's a relevant governance framework for the SP:

1. **Policy leadership and Decision-Making:**
Ministry of Health: Provides overall leadership and direction for the SP's implementation, sets policies, and makes strategic decision.
2. **Coordination and Implementation:**
Public Health Authority: Establish standardized guidelines and protocols for HIV, Hepatitis, and STIs, ensuring consistency across all medical facilities.
Monitoring and Evaluation: Regularly review the implementation of the strategic plan, tracking performance and impact, and implementing necessary improvements.
3. **Stakeholder Engagement:**
Multi-Stakeholder Partnerships: Engage relevant government ministries, international organizations, NGOs, community-based organizations, academia, and private sector entities to ensure a comprehensive and collaborative approach.
4. **Data and Monitoring:**
Monitoring and Evaluation Unit: A unit (in MOH) Responsible for designing and implementing monitoring and evaluation frameworks to track progress, measure outcomes, and adjust strategies based on evidence.
5. **Advocacy and Communication:**
 - **Communication Unit:** Develops a comprehensive

communication strategy to raise awareness, reduce stigma, and promote behavior change.

- **Media Engagement:** Engage with media outlets to disseminate accurate information and address misconceptions.
6. **Feedback Mechanisms:**
Feedback and Complaints System: Establish a mechanism for individuals and communities to provide feedback, report issues, and suggest improvements.
 7. **Accountability and Reporting:**
Annual Progress Reports: Produce regular reports on the SP's achievements, challenges, and areas requiring improvement for transparency and accountability.

By establishing a governance framework with clear roles, responsibilities, and mechanisms for collaboration and oversight, Saudi Arabia can effectively implement the SP to control HIV, viral hepatitis, and STIs. The framework ensures that efforts are aligned, resources are optimized, and outcomes are monitored to achieve the goals of the strategic plan.

8.2. Roles of Different Sectors and Stakeholders

Stakeholders Ownership: The strategic plan in the Kingdom of Saudi Arabia serve as the foundational vision and guidance to develop comprehensive plans to eradicate HIV, viral hepatitis, and STIs, moving towards universal health coverage by 2030. Success at the local level mandates Saudi ownership and guidance to define priorities, procure sustainable resources, and align actions of policymakers, healthcare providers, communities, and various stakeholders within a supportive legal and social framework. The detailed elaboration of roles and responsibilities provided here offers a comprehensive guide to all sectors involved in the strategic plan to control HIV, viral hepatitis, and STIs in KSA. This roadmap emphasizes the interconnectedness of the various stakeholders, underscoring the need for collaboration, alignment, and steadfast commitment. By understanding the unique and shared responsibilities, each actor can contribute effectively to the achievement of national goals, moving collectively toward a healthier future.

The healthcare sector in the Kingdom of Saudi Arabia is composed of various actors and stakeholders, all with different mandates and responsibilities. The following is an overview of the critical stakeholders and their contributions to the national response for controlling HIV/AIDS/STIs and viral hepatitis in KSA:

Key Sectors and Stakeholders	Roles and Accountability
Ministry of Health HQ	<ul style="list-style-type: none"> Provides overall leadership and direction for the SP's implementation, sets policies, and makes strategic decision. Support function on the know-how: provide support to all line ministries and other entities to translate this SP into operational actions.
Public Health Authority	<ul style="list-style-type: none"> Establish standardized guidelines and protocols for HIV, Hepatitis, and STIs, ensuring consistency across all medical facilities. Monitoring and Evaluation: Regularly review the implementation of the strategic plan, tracking performance and impact, and implementing necessary improvements.
Health facilities	<ul style="list-style-type: none"> Facilitate widespread HIV, Hepatitis and STI testing, provide counseling for those affected, prevention programs targeting high-risk populations, and access to effective treatments and implement vaccination programs. Provide training programs for healthcare professionals, sharing expertise and best practices. Conduct public education programs on HIV, Hepatitis and STI prevention. Ensure stigma and discrimination free environment towards all beneficiaries of all HIV, Hepatitis and STI services.
King Faisal Specialist hospital and research center	<ul style="list-style-type: none"> Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. Create and Implement HIV, Hepatitis and STI prevention, early detection and care programs, including regular testing and counseling. Establish education programs to minimize HIV, Hepatitis and STI risks. Provide training programs for healthcare professionals, sharing expertise and best practices. Collaborate with other healthcare institutions to drive research efforts, sharing data, and insights.
Ministry of National Guard Health Affairs	<ul style="list-style-type: none"> Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. Create and Implement HIV, Hepatitis and STI prevention, early detection and care programs tailored for military personnel, including regular testing and counseling. Establish education programs within military settings to minimize HIV , Hepatitis and STI risks. Provide training programs for healthcare professionals, sharing expertise and best practices. Collaborate with other healthcare institutions to drive research efforts, sharing data, and insights.
Ministry of Defense Health Services	<ul style="list-style-type: none"> Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. Create and Implement HIV, Hepatitis and STI prevention, early detection and care programs tailored for military personnel, including regular testing and counseling. Provide training programs for healthcare professionals, sharing expertise and best practices. Establish education programs within military settings to minimize HIV , Hepatitis and STI risks. Provide training programs for healthcare professionals, sharing expertise and best practices.

	<ul style="list-style-type: none"> Collaborate with other healthcare institutions to drive research efforts, sharing data, and insights.
<p>Ministry of Interior</p>	<ul style="list-style-type: none"> Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. Create and Implement HIV, Hepatitis and STI prevention, early detection and care programs tailored for military personnel, including regular testing and counseling. Create and Implement HIV, Hepatitis and STI prevention measures, including early detection and care programs in prisons and related facilities. Provide training programs for healthcare professionals, sharing expertise and best practices. Provide training programs for healthcare professionals, sharing expertise and best practices. Establish education programs within military settings to minimize HIV , Hepatitis and STI risks Collaborate with other healthcare institutions to drive research efforts, sharing data, and insights.
<p>Ministry of Education</p>	<ul style="list-style-type: none"> Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. Curriculum Development: Incorporate health education into school and university curricula, covering topics related to HIV, viral hepatitis, and STIs. Tailor content to be age-appropriate and culturally sensitive. Provide training and resources for teachers, professors, and administrative staff to deliver accurate and engaging health education. Implement and promote on-campus health services, including counseling, testing, and preventive measures. Collaborate with health authorities to administer vaccinations on campuses, ensuring high coverage. Conduct educational activities that focus on prevention, symptoms, and treatments, targeting both students and staff. Engage university research departments in collaborative studies with health institutions, contributing to the understanding and innovation in HIV, Hepatitis, and STI prevention and care.

Ministry of Media	<ul style="list-style-type: none"> ▪ Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. <p>Information Dissemination: Provide accurate and responsible information to the public, leveraging various media platforms.</p> <ul style="list-style-type: none"> ▪ Campaign Support: Actively support and promote national and local awareness campaigns, ensuring reach and impact. <p>Tailor media efforts to educate the public about HIV, Hepatitis and STI risks, preventive measures, testing and treatments, collaborating with healthcare providers.</p>
Health facilities in private sector	<ul style="list-style-type: none"> ▪ Develop, finance and implement an annual operational plan to contribute to the implementation of The Strategic Plan. ▪ Service Provision: Collaborate with the public sector to provide healthcare services, ensuring alignment with national guidelines and quality standards. ▪ Innovation: Invest in technological advancements, supporting healthcare improvements and fostering collaboration with research institutions. ▪ Actively participate in HIV Hepatitis and STI prevention, testing, and care initiatives, ensuring that private healthcare institutions comply with national standards. ▪ Provide training programs for healthcare professionals, sharing expertise and best practices.
Ministry of Human Resources and Social Development	<ul style="list-style-type: none"> ▪ Implement grassroots early detection, prevention and support initiatives, tailored to local cultures and needs, and ensure community participation. ▪ Actively advocate for robust and inclusive national policies, representing the voices of affected individuals and communities. ▪ Conduct community-based HIV, Hepatitis and STI prevention and support initiatives, offering peer counseling, support groups, and education\awareness campaigns.

FINAL DRAFT

The above roles consider the complexities of managing HIV, viral hepatitis, and STIs, highlighting shared actions that cut across diseases, as well as disease-specific actions. This multi-sectoral approach reflects the intricate nature of healthcare and necessitates collaboration, alignment, and dedication from all sectors involved. It is vital that each actor understands their role in the broader strategy, as the success of The Strategic Plan depends on the cohesive action of all stakeholders. Recognizing the complexity and scale of the SP to control HIV, viral hepatitis, and STIs in Saudi Arabia, a thoughtfully designed phased implementation strategy is paramount to its success. This strategy entails a systematic approach that breaks down the implementation process into manageable phases, ensuring efficient resource utilization, progressive goal achievement, and dynamic adaptation to emerging challenges and opportunities.

8.3. Phase Definition and Sequencing:

In this early phase of the SP, the overarching goals and objectives of the SP are delineated into distinct segments, each with a set of priorities and key actions. Sequencing these phases is crucial, ensuring that foundational steps pave the way for more complex interventions. The phased approach acknowledges that certain initiatives may depend on the successful execution of preceding ones, allowing for a logical progression towards the ultimate objectives. Capacity building (to transfer the know-how) is at the heart of effective implementation. This phase involves enhancing the skills and knowledge of all mentioned stakeholders, developing necessary infrastructure, and ensuring that the workforce is equipped to deliver quality services. Training programs, workshops, and skill development initiatives are rolled out to ensure that healthcare providers are well-prepared to execute the interventions outlined in the SP.

Before full-scale implementation, piloting all new interventions in select regions or communities provides an opportunity to assess their feasibility, identify potential bottlenecks, and make necessary adjustments. Learning from these pilot initiatives informs the refinement of strategies, ensuring that challenges are addressed, and best practices are integrated before scaling up to broader implementation. Upon successful piloting, the focus shifts to scaling up interventions across the nation. This phase involves expanding the implementation to reach a larger population and establishing monitoring mechanisms to track progress. Real-time data collection and analysis are central to ensure that the interventions are achieving the desired impact and to

identify any issues that may require adjustments.

A detailed resource allocation plan is a cornerstone of successful implementation. During this phase, resources, including financial, human, and technical, are allocated according to the priorities set in the SP. This allocation is aligned with the phased interventions, ensuring that the required inputs are available to execute each phase efficiently. Additionally, this step involves identifying potential funding sources, securing partnerships, and mobilizing the necessary expertise. A hallmark of the phased implementation strategy is its flexibility. As circumstances evolve, the SP can be recalibrated to respond to emerging challenges and leverage new opportunities. To ensure effective implementation, the Kingdom commits to developing costed operational plans every two years with clear timelines. These plans outline the specific activities, resources, and milestones for each phase, aligning with the overall SP objectives. This proactive approach empowers Saudi Arabia to optimize its resource allocation, monitor progress, and make informed adjustments to achieve the desired disease control outcomes.

By embracing a phased implementation strategy and the development of costed operational plans, Saudi Arabia demonstrates its commitment to meticulous planning, effective resource utilization, and a responsive approach to disease control. This strategy enables the SP to evolve organically, fostering a sustainable impact and driving the nation closer to achieving its ambitious disease control goals.

8.4. Monitoring, Evaluation and Reporting

Ending the epidemics of HIV, viral hepatitis, and STIs within KSA is a complex challenge requiring a multifaceted approach. A system of mutual accountability, clear transparency, and comprehensive monitoring and reporting mechanisms at all levels of healthcare is fundamental to success. The following elaboration outlines the various components that shape this system.

National Framework:

Design and Implementation: Creation of a national accountability framework that includes specific indicators, targets, milestones, and timelines, all tailored to the (context. Appendix A of this SP outlines the national M&E framework for this strategic plan.

Alignment with Global Standards: Ensuring consistency with globally recognized standards and best practices.

Inclusive Participation:

Stakeholders Engagement: Involving governmental, non-governmental organizations, patient groups, and other stakeholders in the decision-making process.

Transparency: Open and transparent assessment and reporting practices.

Regular Reviews:

Frequency and Scope: Conducting periodic reviews that bring together various health sector actors to evaluate progress, identify challenges, and make adjustments as needed.

Collaboration: Fostering collaboration and synergy between different governmental bodies and

healthcare providers to strengthen the review process.

Alignment with Global Framework:

Adaptation of Global Indicators: Tailoring global indicators to the national context to ensure relevance.

Shared and Disease-Specific Milestones: Incorporating both shared and disease-specific milestones to measure progress across different areas.

FINAL DRAFT