Global Health Sector Strategies on HIV, viral hepatitis and Sexually Transmitted Infections (STIs) 2016-2021

Global Health Sector Strategies 2016-2021 (GHSS)
Briefing Note: October 2015

Introduction

Three interlinked Global Health Sector Strategies (GHSS) are being developed by the World Health Organization for consideration by the 69th World Health Assembly in 2016. These proposed strategies address three major public health issues - HIV, viral hepatitis (VH) and sexually transmitted infections (STI) - in a post-2015 environment. The 2016-2021 strategies cover a critical phase for all three health areas as they guide actions needed to meet ambitious Sustainable Development Goal targets for 2030 focused on ending these epidemics as major public health threats.

The three global health sector strategies have been developed in response to discussion and resolutions from past World Health Assemblies, involving a broad consultation process with Member States and key stakeholders.

Global Health Burden

The three health issues pose major public health burdens for all regions of the world. While HIV, viral hepatitis and STIs are not new or emerging health issues, developments over the past five years present both new challenges and unprecedented opportunities.

There is an urgent need for the world to build on recent successes driven by the Millennium Development Goals (MDGs), United Nations General Assembly commitments and the ‘Universal Access’ movement in the global response to HIV. It is critical that partners commit to safeguard, and build on, investments made to date. The goal of ending the AIDS epidemic by 2030 will only be achieved with a revitalized and intensified response. “Business as usual” or maintaining efforts at their current level will see a global resurgence of epidemics.

Despite viral hepatitis being responsible for over 1.4 million deaths annually, a burden similar to HIV and tuberculosis epidemics, it is only now being recognized as a global public health concern. Member States have recognized the importance of addressing viral hepatitis in a coordinated and strategic manner, highlighting the importance of developing the first ever global hepatitis strategy, a strategy that will define for the first time global targets on hepatitis prevention and treatment.

Sexually transmitted infections, although being a public health issue for millennia, continue to be ignored or hidden. New challenges are emerging, particularly with increasing prevalence of drug resistance. It is estimated that annually there are almost 400 million new cases of four of the most prevalent curable STIs among people aged 15-49 years: Chlamydia trachomatis (132 million), Neisseria gonorrhoea (85 million), syphilis (6 million), and Trichomoniasis vaginalis (141 million).
Although each of the three health areas have their own specificities, requiring disease-specific approaches, they also have many common features – with common modes of transmission, overlapping key populations, and similar health interventions and service delivery needs. Developing the three strategies together ensures that key linkages and integration opportunities will be maximized.

Consultation

A broad consultative process was held involving key partners, including Member States, organizations in the United Nations system and other multilateral agencies, donor and development agencies and initiatives, civil society, nongovernmental organizations, scientific and technical institutions and networks, and the private sector. More than 90 Member States participated in consultations held in all six WHO regions from April–July 2015. To supplement these consultations, and ensure the broadest participation, the Secretariat hosted a widely-promoted public on-line consultation for six weeks in the period April through June 2015. This was available in all official languages. Considerable cost and time savings were achieved through managing a joint consultative process that covered the three strategies. The WHO web site was used to document the consultation process and provide links to background documentation and consultation meeting reports:

http://www.who.int/hiv/strategy2016-2021/en/
http://www.who.int/reproductivehealth/ghs-strategies/en/

Consultations expressed broad support for the three strategies and a number of areas for consideration. A strong and consistent recommendation emerged from stakeholders requesting a strengthening of the strategic information and accountability elements of the three strategies. Stakeholders also requested the development of a clearer focus on: highlighting prevention and addressing common modes of transmission across the strategies; access in relation to the affordability of commodities; setting deliberately ambitious targets; effectively addressing equity and key populations and ensuring a people-centred approach. Substantial technical input was also provided by other WHO HQ departments and all Regional Offices.

GHSS Structure and Frameworks

All three strategies are designed to contribute to the attainment of the post-2015 health goal, Sustainable Development Goal 3. Ensuring financial security and health equity are key concerns of the Sustainable Development Goals, and universal health coverage (UHC) – the key organizing structure for the three strategies – provides a framework for addressing them. Each of the strategies sets out a vision, goals, targets and actions towards eliminating the diseases as public health threats. They promote a long-term, sustainable response that will be bolstered by strengthening health systems and community responses. They all aim to ensure focus on addressing the social determinants of health that drive the epidemics and hinder responses and ensuring that all people in need, particularly those most vulnerable or at greatest risk, are reached.

The strategies use a common structure, reflecting three organizing frameworks: universal health coverage (UHC); the continuum of health services; and the public health approach. UHC is achieved
when all people receive the services they need, which are of sufficient quality to make a difference, without those people incurring financial hardship. It comprises three major, interlinked objectives: improving the quality and availability of needed essential health interventions and services (covering the range of services needed); improving the equitable and optimal uptake of services in relation to need (covering the populations in need of services); and improving cost efficiencies and financial protection (covering the costs of services). As resources, efficiencies and capacities increase, the range of services provided can be expanded, the quality improved, more populations covered with fewer direct costs to those who need the services — a progressive realization of universal health coverage.

Each of the strategies address the continuum of health sector interventions and services (Fig. 1) that are needed to curb the epidemics, including interventions to reduce vulnerability and risk, prevent transmission, enable early and accurate diagnosis, link individuals to care, deliver quality treatment and provide chronic care.

The strategies also promote a public health approach, which includes a focus on:

→ Standardized simplified protocols and guidance;
→ Decentralized service delivery;
→ Equity and community participation;
→ Meaningful involvement of affected communities;
→ Leveraging public and private sectors;
→ Ensuring services are free or affordable;
→ Moving from an individual clinical focus to population-based national plans.
Each of the strategies sets out a vision, goals, targets and actions towards eliminating the diseases as public health threats (Fig. 2). To achieve these targets action is required in five areas, which are organized under five ‘strategic directions’. Under each of the strategic directions specific actions need to be taken by countries, WHO and partners.

**Fig 2: The Common GHSS Framework for the three strategies**
Global Health Sector Strategies on HIV, viral hepatitis and Sexually Transmitted Infections (STIs) 2016-2021

- **Strategic direction 1 – Strategic information for focus and accountability** - Focuses on the need to understand the epidemic and response as a basis for advocacy, political commitment, national planning, resource mobilization and allocation, implementation, and programme improvement.

- **Strategic direction 2 – Essential interventions for impact** – Addresses the first dimension of universal health coverage by describing the essential package of high-impact interventions that need to be delivered along the continuum of health services to reach country and global targets, and that should be considered for inclusion in national health benefit packages.

- **Strategic direction 3 – Delivering for quality and equity** – Addresses the second dimension of universal health coverage by identifying the best methods and approaches for delivering the continuum of high-impact health interventions and services to different populations and in different locations, so as to achieve equity and ensure quality.

- **Strategic direction 4 – Financing for sustainability** – Addresses the third dimension of universal health coverage by identifying sustainable and innovative models for financing of the response and approaches for reducing costs so that people can access the necessary services without incurring financial hardship.

- **Strategic direction 5 – Innovation for acceleration** – Identifies those areas where there are major gaps in knowledge and technologies where innovation is required to shift the trajectory of the response so that the 2020 and 2030 targets can be achieved.

**HIV:** The global health sector strategy outlines a global vision, goal and a set of targets which are fully aligned with the vision, goal and targets of the multisectoral UNAIDS strategy. Intervention areas identified for inclusion in the national benefit package or through broader public funding include: reduction of HIV vulnerability and risk; reduction of HIV transmission; HIV testing; HIV treatment; and chronic care of people living with HIV.

**HIV targets (2020):**
- 75% reduction in new HIV infections to < 500,000 (compared to 2010)
- Zero new infections among infants
- Reduce HIV-related deaths to < 500,000
- 90% test; 90% of those positive treated; 90% on treatment virally suppressed

**Viral Hepatitis:** The first-ever global hepatitis targets are proposed. Targets were developed through a broad consultation process (involving a range of national programmes, clinicians, civil society and modellers). Modelling work was commissioned to determine the feasibility of ‘eliminating’ HBV and HCV epidemics. Proposed targets were presented at regional and stakeholder consultation meetings. Interventions identified for prioritised scale-up in the global health sector strategy include: HBV vaccination – childhood vaccine coverage; prevention of mother-to-child transmission of HBV - including birth-dose vaccine coverage; safe injection, blood and medical procedures; harm reduction for injecting drug users; HBV treatment (lifelong treatment); HCV treatment (cure).
Hepatitis targets (2020 and 2030):

- Reduce new cases of chronic hepatitis by 30% (2020) and 90% (2030) (baseline 2015)
  - Reduce from 6-10 million new cases in 2015 to < 1 million in 2030
- Reduce HBV & HCV mortality by 10% (2020) and 90% (2030) (baseline 2015)
  - Reduce from 1.4 million deaths in 2015 to < 500,000 deaths in 2030

STI: Interventions identified for prioritised scale-up in the global health sector strategy include: interventions to ensure an enabling environment that supports equitable service access and use; reduction of STI vulnerability and risk; reduction of STI transmission; STI diagnosis; management of STIs and related sequelae (including sexual partner management); monitoring of microbial resistant STI strains; and monitoring and evaluating of interventions.

STI targets (2030)

- 90% reduction of T. pallidum incidence compared with 2018
- 90% reduction in N. gonorrhoea incidence
- ≤50 cases congenital syphilis per 100,000 live births in 80% of countries
- 80% HPV vaccine coverage in adolescents 9-13 years in 80% of countries
The proposed global health sector strategy on HIV: 2016-2021

**Vision:** Zero new HIV infections, zero HIV-related deaths and zero HIV-related discrimination in a world where people living with HIV are able to live long and healthy lives.

**Goal:** End of the AIDS epidemic as a public health threat by 2030, within the context of ensuring healthy lives and promoting wellbeing for all at all ages.

**2020 Targets:** 75% reduction in new HIV infections (including key populations), to less than 500 000 (compared to 2010); zero new infections among infants. Reduce HIV-related deaths to below 500 000 by 2020. 90% PLHIV tested; 90% treated; 90% virally suppressed.

**Frameworks for action:** Universal health coverage and the continuum of services.

**Monitoring and Evaluation**

- **Strategic Direction 1:** Information for focus and accountability
  - The “who” and “where”
- **Strategic Direction 2:** Interventions for impact
  - The “what”
- **Strategic Direction 3:** Delivering for quality and equity
  - The “how”
- **Strategic Direction 4:** Financing for sustainability
  - The financing
- **Strategic Direction 5:** Innovation for acceleration
  - The future

**Strategy Implementation:** Leadership, Partnership, Accountability, Monitoring & Evaluation

**Country Action**

**WHO Action HQ, Regions and Countries**

**Country Partner Action**

**Global Partner Action**
The proposed global health sector strategy on viral hepatitis: 2016-2021

Vision: A world where viral hepatitis transmission is halted and everyone living with hepatitis has access to safe, affordable and effective care and treatment.

Goal: Eliminate viral hepatitis as a major public health threat.

2030 Targets: Reduce 6-10 million HBV and HCV infections (in 2015) to 900,000 infections (by 2030). Reduce 1.4 million HBV and HCV deaths (in 2015) to under 500,000 deaths (by 2030).

Frameworks for action: Universal health coverage and the continuum of services.

Strategic Direction 1: Information for focus and accountability
   The “who” and “where”

Strategic Direction 2: Interventions for impact
   The “what”

Strategic Direction 3: Delivering for quality and equity
   The “how”

Strategic Direction 4: Financing for sustainability
   The financing

Strategic Direction 5: Innovation for acceleration
   The future

Strategy Implementation: Leadership, Partnership, Accountability, Monitoring & Evaluation

Country Action

WHO Action HQ, Regions and Countries

Global Partner Action
The proposed global health sector strategy on STIs: 2016-2021

**Vision:** Zero STI-related complications and deaths, and zero discrimination in a world where people living with STIs are able to live long and healthy lives.

**Goal:** End STI epidemics as major public health concerns, and ensure healthy lives and promote wellbeing for all people at all ages.

**2030 Targets:**
- 90% reduction of T. pallidum incidence globally (2018 global baseline).
- 90% reduction in N. gonorrhoea incidence globally (2018 global baseline).
- ≤50 cases of congenital syphilis per 100 000 live births in 80% of countries.
- 80% human papillomavirus (HPV) vaccine coverage in adolescent 9-13 years of age in 80% of countries.

**Frameworks for action:** Universal health coverage and the continuum of care.

**Strategic Directions:**
1. **Strategic Direction 1:** Information for focus and accountability
   - The "who" and "where"

2. **Strategic Direction 2:** Interventions for impact
   - The "what"

3. **Strategic Direction 3:** Delivering for quality and equity
   - The "how"

4. **Strategic Direction 4:** Financing for sustainability
   - The financing

5. **Strategic Direction 5:** Innovation for acceleration
   - The future

**Strategy Implementation:**
Leadership, Partnership, Accountability, Monitoring & Evaluation

**Country Action**

**WHO Action HQ, Regions and Countries**

**Global Partner Action**