Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections 2016-2021: Information Session 05.10.2015

Background and Overview

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 addressing HIV, viral hepatitis and sexually transmitted infections (STI). The 2016-2021 strategies cover a critical phase for all three health areas as they guide actions needed to meet ambitious Sustainable Development 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 discussions and resolutions from past World Health Assemblies, involving a broad consultation process with Member States and key stakeholders. This briefing followed two well attended events held in Geneva: a World Health Assembly Technical Briefing held on 25 May 2015 and a Geneva country missions’ briefing/information session held on 30 June 2015.

The information session, conducted in in English and French, shared an outline of the draft strategies that will be presented to the Executive Board in January 2016 including updated outlines, targets and costing information. More than 30 missions attended. A list of missions and organizations present is attached to this meeting summary (Annex 1).

Information Session: Key Points

Dr Winnie Mpanju-Shumbusho, Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases

- Welcome extended to the Information Session also on behalf of Dr Flavia Bustreo, ADG for Family, Women’s and Children’s Health;
- Helpful to convene soon after the adoption of the new Sustainable Development Goals - the draft strategies are well-aligned to the SDGs;
- HIV, viral hepatitis and sexually transmitted infections continue to pose a major public health threat and cause tremendous human suffering. Despite recent successes in each of these areas, progress remains uneven;
- Significant progress has been achieved in HIV but the current coverage of services is inadequate and the rate of expansion is too slow to achieve global targets. HIV incidence is still on the rise in some countries, and we are seeing increasing morbidity and mortality associated with co-infections (especially TB and hepatitis);
– Until recently, hepatitis has been a largely hidden and ignored problem. It is only now that countries and partners are starting to take a more pro-active approach and WHO is delighted to present the critical elements, targets and costs of the first-ever global strategy on viral hepatitis;

– The burden of sexually transmitted infections also remains largely hidden, even though it impacts the quality of life for hundreds of millions of people. These infections have a profound impact on sexual and reproductive health worldwide – with more than a million people acquiring such an infection every day;

– Many countries that have shown tremendous leadership and supported the strategy processes so far including: Brazil and South Africa for hosting regional consultations; Brazil, France, Egypt, Myanmar and Zimbabwe for supporting the Technical Briefing at the World Health Assembly; the United States and Luxembourg for financially supporting the strategy development process; and Brazil and France for co-hosting the previous information session. WHO is also grateful for the engagement of senior officials from Ministries of Health and other government institutions, representing more than 80 countries, took part in the regional consultations;

– Many partners also provided invaluable inputs into the process, including civil society organizations, the UNAIDS family, academia, donor and development partners and representatives of affected groups.

**Dr Gottfried Hirnschall, Director, Department of HIV and Global Hepatitis Programme**

All three strategies will 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.

The strategies set out a vision, goals, targets and actions towards eliminating the diseases as public health threats and promote a long-term, sustainable response that will be bolstered by strengthening health systems and community responses.

A comprehensive consultation process has helped inform the strategy content including with: Member States; technical experts and partners; civil society; development partners; UN agencies and other stakeholders including through an online consultation. The strategies have been highlighted during WHO Regional Committees.

The strategies describe actions for countries and actions for WHO and the strategies are organized around five strategic directions:

1. Strategic information for focus and accountability
2. Interventions for impact: essential package of services and interventions
3. Delivering for quality and equity: populations and locations
4. Financing for sustainability
5. Innovation for acceleration
HIV Targets

The vision, goal and targets 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 Targets

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, implementers, donors 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

GHSS HIV Costs

Fast-tracking the HIV response will require reaching global investments of US$ 31.1 billion in 2020 (UNAIDS Multisectoral Strategy 2016-2021)

The total costs of the 2016-2021 HIV Strategy are estimated to rise from about $20 billion in 2016 to over $27 billion in 2020 before declining

Treatment requires the largest amount of resources - 36% of the total.

Prevention for people who inject drugs (PWID) at 13% and HIV testing services at 11%.

GHSS Viral Hepatitis Costs

Total cost 2016-2021 = US$11.9 billion and peak annual cost at 2021 = US$4.1 billion

(Contains 100% of the cost for low and lower-middle income countries and 25% of the costs of the upper-middle income countries)

Full cost 2016-2021 across all low and middle income countries (without high-income countries) = US$19.3 billion - in this scenario, the annual cost in the strategy period peaks at US$7.1 billion

The principal drivers of cost for GHSS Viral Hepatitis are HBV treatment, screening and HCV treatment costs
**STI Targets**

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 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

**GHSS STIs Costs**

Full achievement of the Global STI control strategy for the health sector 2016–2021 will cost an estimated US$ 18.1 billion of which 99.9% is for implementing priority interventions in 117 low- and middle-income countries, and almost US$ 13 million (0.1%) is for global-level technical support, research and advocacy by WHO and partners.

Cost drivers are HPV vaccination ($3.26 billion), HPV screening ($3.69 billion), adolescent chlamydia screening ($2.54 billion), and syphilis screening in antenatal clinics ($1.4 billion).

Clinical STI management using the syndromic approach is costed for an overall $ 3.0 billion, of which service delivery makes up $818 million, and diagnostic testing for gonorrhea and chlamydia $1.4 billion.

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**Dr Lale Say, Coordinator, Adolescents and at-Risk Populations Team**

There are an estimated 400 million new cases of four curable STIs among people aged 15-49 years every year: Chlamydia trachomatis (132 million), Neisseria gonorrhoeae (85 million), syphilis (6 million), or Trichomonas vaginalis (141 million). Viral STIs also have high prevalence with an estimated 417 million people infected with herpes simplex type 2, and approximately 291 million women with the human papillomavirus (HPV).

The strategy identifies three infections that require immediate action for control:

1. *N. gonorrhoea* because of the rising risk of untreatable drug-resistant gonorrhoea;
2. *T. pallidum* with the elimination of congenital syphilis which implies control of syphilis in key populations and strong systems to ensure screening and treatment of all pregnant women;
3. Human papillomavirus with an emphasis on HPV vaccination toward the elimination of cervical cancer and genital warts.

**Discussion**

Member States shared their appreciation for organizing the session. Comments and discussion covered three key themes: language and content; strategic scope; and, the strategy development process.
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<th>Member States</th>
<th>Secretariat Response</th>
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<td>Proposal that the key population emphasis in early drafts of the HIV strategy is revisited in the context of southern and eastern African; Interest in seeing social and critical enablers captured in SD3 as part of comprehensive prevention approaches; Request to revise ambiguous language around toxicity and the level of active ingredients in HIV medicines; Request for clarity on how WHO sees condom use and promotion in the context of comprehensive HIV prevention; Proposed action for countries to make hepatitis vaccine available for all healthcare workers may be prohibitively expensive for some resource constrained countries.</td>
<td>The Secretariat agreed to review key population references and notes the importance of a strong unambiguous focus on women and girls, particularly for sub-Saharan Africa and ensuring that the strategies recognise that a large proportion of people with hepatitis C acquired the disease through medical procedures. The Secretariat maintains that it is critical that national responses are informed by data and focus efforts around populations and settings with the greatest need. HIV testing in particular requires smarter focusing. A focus on men and getting men to enter the treatment cascade is critical. In Tanzania last year there were 2.5 million HIV tests - 1.5 million among women and 1 million among men. There were many more men than women tested who tested HIV positive. These rates are fairly typical, especially for sub-Saharan Africa, and an example of why this GHSS HIV will focus on men and boys. Language around toxicity and the level of active ingredients in HIV medicines will be revised. Comprehensive prevention is critical to all three strategies. While discussion did not touch on all interventions in comprehensive prevention approaches the following were highlighted: critical enablers will be addressed; condoms are a critical mainstay intervention for sexual transmission; pre-exposure prophylaxis is a proven intervention offering new opportunities particularly among populations at a significantly higher risk; voluntary medical male circumcision has been successfully taken to scale in many countries; agreement that key populations need to be addressed although in addition to and not at the expense of others. It is important that vaccination against hepatitis B for all healthcare workers is maintained as a critical action to help progress action towards elimination.</td>
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1. **Language and content**
## 2. Strategic scope

| Appreciation of broad-based comprehensive and ambitious approach; | Comments around achieving balance between ambition and feasibility are well noted; |
| Appreciation of ambitious goals although recognition that resource constrained countries with large epidemics may struggle to achieve the ambition given the levels of disease, limited capacity and financial constraints; | The GHSS HIV refers to and supports efforts to take the “test and treat” guidance to scale in the context of the 90:90:90 goals it shares with UNAIDS; |
| Request to see the GHSS used as one way to encourage taking the “test and treat” guidance to scale; | A number of innovations are important to the future control of HIV including a vaccine; further exploration of pre-exposure prophylaxis (PrEP) and the use of injectable therapies. |
| Request for the GHSS HIV to be used as a platform to support work towards the development of a vaccine for HIV. | |

## 3. GHSS and related processes

| Request for further clarity on process up to the Executive Board including a request for the EB documents (including the full versions of the strategies) to be available for the WHO Regional Committee for Africa; | The full strategy documents have been submitted for editing as part of the preparation for the Executive Board and full versions will be shared in the coming weeks. |
| Interest in knowing whether the dual test for syphilis and HIV is now available; | The Secretariat endeavours to ensure that the EB documents (including the full versions of the strategies) be available as soon as possible. |
| Request for an update of the STI guidelines. | The dual test for syphilis and HIV is now available and has been through WHO pre-qualification processes – the challenge now is to take it to scale and ensure optimal roll-out. |
| | The STI Guidelines have been agreed for revision and the process has now started with meeting of the guidelines development group already planned. |

### Concluding remarks

UNAIDS recognised the highly collaborative process and the resulting well-aligned and complementary strategies.

Dr Winnie Mpanju-Shumbusho invited any Member States to reach out should they require further briefing and encouraged the meeting to submit any suggestions for the strategies in writing to Dr Andrew Ball (balla@who.int)
Annex 1: Missions/Organisations Present

- Permanent Mission of the **Argentine Republic** to the Office of the United Nations and Other International Organizations in Geneva

- Australian Agency for International Development (AusAID), Permanent Mission of **Australia** to the Office of the United Nations and Other International Organizations in Geneva

- Permanent Mission of the **People’s Republic of China** to the Office of the United Nations and Other International Organizations in Geneva

- Permanent Mission of the **Republic of Colombia** to the Office of the United Nations and Other International Organizations in Geneva

- Permanent Mission of the **Kingdom of Denmark**

- Permanent Mission of the **Republic of Ecuador** to the Office of the United Nations and Other International Organizations in Geneva

- **European Union** Delegation

- Liaison Office of the EU Council to the United Nations

- Permanent Mission of the **Republic of Finland** to the Office of the United Nations and Other International Organizations in Geneva

- Ministère des Affaires Etrangères et Européenne, **French Republic**

- Permanent Mission of the **Federal Republic of Germany** to the United Nations Office and other international organizations in Geneva

- Permanent Mission of the **Republic of India** to the Office of the United Nations and Other International Organizations in Geneva

- Ministry of Foreign Affairs of **Japan**

- Permanent Mission of the **Grand Duchy of Luxembourg** to the Office of the United Nations and Other International Organizations in Geneva

- Ministry of Foreign Affairs of the **United Mexican States**

- Permanent Mission of **Principality of Monaco** to the Office of the United Nations and Other International Organizations in Geneva

- Norwegian Mission in Geneva to the Office of the United Nations and Other International Organizations in Geneva, **Kingdom of Norway**

- Permanent Mission of **Republic of Panama** to the Office of the United Nations and Other International Organizations in Geneva

- Permanent Mission of the **Republic of the Philippines** to the Office of the United Nations and Other International Organizations in Geneva

- Ministry of Foreign Affairs of the **Republic of Poland**

- Permanent Mission of the **Russian Federation** to the Office of the United Nations and Other International Organizations in Geneva

- Permanent Mission of the **Kingdom of Sweden** to the Office of the United Nations and Other International Organizations in Geneva

- Permanent Representation of the **Swiss Confederation** in Geneva
- Permanent Mission of the **United Republic of Tanzania** to the Office of the United Nations and Other International Organizations in Geneva
- Permanent Mission of the **United Kingdom of Great Britain and Northern Ireland** to the Office of the United Nations and Other International Organizations in Geneva
- Permanent Mission of the **United States of America** to the United Nations to the Office of the United Nations and Other International Organizations in Geneva
- **UNAIDS** Secretariat
- Permanent Mission of the **Republic of Zambia** to the Office of the United Nations and Other International Organizations in Geneva